# Library of the Medical and Chirurgical Faculty of Maryland.

Presented by

A. Hoen & Co. Baltimore.

BALTIMORE, MD.
Fidelity Building.

WASHINGTON, D. C.
Washington Loan & Trust Co. Building.

# MARYLAND MEDICAL JOURNAL

A WEEKLY JOURNAL OF MEDICINE AND SURGERY

J. F. SCHULZ, BALTO

## VOLUME XXXVIII.

**********

OCTOBER 16, 1897—APRIL 9, 1898.

**********

LIBRARY OF THE
Medical and Chirurgical Faculty
OF MARYLAND.

BALTIMORE:
MARYLAND MEDICAL JOURNAL PRINT
FIDELITY BUILDING,
1898.

# CONTRIBUTORS TO VOLUME XXXVIII.


PAGE

Barclay, William F., A.M., M.D..92, 115, 291
Barnes, Noble P., M.D..... 417
Bishop, Francis B., M.D.....94, 184
Bond, A. K., M.D..... 277
Boss, Rufus D., M.D.....97, 369
Bratton, Howard, M.D..... 130
Brooks, William K., Ph.D., LL.D..... 255
Browne, B. Bernard, M.D..... 312
Cantrell, J. Abbott, M.D..... 383
Clark, George C., M.D..... 222
Clark, J. Clement, M.D..... 62
Clement, A. W., V.S..... 103
Chancellor, C. W., M.D.....19, 240
Chunn, William Pawson, M.D..... 345
Daly, William H., M.D..... 73
Dirickson, E. J., M.D..... 27
Dobbin, George W., M.D.....228, 389
Dulles, Charles W., M.D..... 4
Duke, E. T., M.D..... 297
Finney, J. M. T., M.D..... 401
Friedenwald, Julius, A.B., M.D..... 153
Fulton, John S., M.D.....41, 127, 260
Gilchrist, T. C., M.R.C.S., L.S.A.....237, 283
Hemmeter, John C., M.D., Ph.D..... 327
Henson, J. W., M.D..... 453
Hodgdon, Alexander L., M.D..... 218
Keirle, N. G., M.D..... 1
Kinnear, Beverley Oliver, M.D..... 205

PAGE

Lee, William, M.D..... 23
Lewis, W. Milton, M.D.....77, 209
Mackenzie, John N., M.D..... 350
Maynard, S. S., M.D..... 262
Mitchell, C. W., A.M., M.D..... 351
Montgomery, E. E., M.D..... 363
O'Donovan, Charles, M.D..... 181
Osler, William, M.D.....217, 381
Packard, Frederick A., M.D.....435, 455
Paton, Stewart, M.D..... 399
Preston, George J., M.D..... 420
Robbins, Henry Alfred, M.D..55, 109, 187, 273
Rohé, George H., M.D..... 258
Rosse, Irving C., A.M., M.D., F.R.C.S., 118, 137
Sappington, Purnell F., M.D..... 134
Smith, Joseph T., M.D..... 423
Sothoron, Elmer, M.D..... 333
Stiles, Ch. Wardell, A.M., Ph.D.....145, 167
Stokes, William Royal, M.D..... 149
Stone, I. S., M.D..... 332
Street, David, M.D..... 309
Thayer, William Sydney, M.D..... 348
Watson, Wm. T., M.D.....403, 441, 442
Welch, William H., M.D..... 199
Woods, Hiram, Jr., M.D..... 37
Young, Hugh H., A.M., M.D..... 45

# INDEX TO VOLUME XXXVIII.


PAGE

About Ourselves..... 250
Abscesses by Iodoform Ointment Injection, Treatment of..... 97
Abscess of the Liver, Surgical Treatment of ..... 411
Adonis Vernalis in Epilepsy..... 429
Agaricin in Night-Sweats..... 369
Alcohol in Continued Fevers..... 193
American Medical Association..... 430
Aneurisms ..... 374
Antitoxine Absorption..... 411
Aphasia, The Debatable Ground in..... 399
Appendicitis, The Advantages of an Early Diagnosis and Operation in..... 401
Appendicitis and Intestinal Obstruction.. 136
Arthritis, Gonorrheal..... 356
Bacteriology to Therapeutics, Contributions of..... 267
Barber Shop, Dangers of the..... 273
Barber Shop, The..... 286
Bayview Hospital and the Medical Schools ..... 212
Biliousness ..... 280
Biographies, Medical..... 340

BOOK REVIEWS:

16, 34, 52, 70, 88, 106, 124, 142, 160, 178, 196, 214, 234, 252, 270, 288, 306, 324, 342, 360, 378, 396, 414, 432, 450, 468

Brain Desuetude..... 267
Bright's Disease of the Kidneys..... 240
British Medicine in Greater Britain..... 103
Broncho-Pneumonia, Warm Baths in..... 338
Carbon Dioxide, Elimination of..... 298
Carcinoma Radically Excised..... 411
Catarrh, Naso-Pharyngeal, Digestive Disorders Caused by..... 73
Catheterization of the Male Ureters..... 411
Children, Hints in the Treatment of..... 26
Chills and Fever, An Efficient Treatment of ..... 205
Chloroform, The Use of..... 211
Choice of a Tobacco Pipe, The..... 192
Cholera, Infantile, Saline Injections in.... 211
Chorea ..... 94
Clavicle, An Improvement Upon Sayre's Method of Treating Fractured..... 453
Cocaine in the Intractable Vomiting of Pregnancy ..... 231
Common-Sense Doctors..... 79
Consumption, Treatment of..... 429

PAGE

CORRESPONDENCE:

67, 83, 139, 227, 334, 374, 410, 427, 465

Coryza Apparently of Dental Origin.... 285
Curette, The, After Abortion and Delivery 321

CURRENT EDITORIAL COMMENT:

17, 35, 53, 71, 90, 107, 125, 143, 161, 179, 197, 215, 235, 253, 271, 289, 307, 325, 343, 361, 379, 397, 415, 451, 469

Dermatology, Recent Progress in..... 283
Diabetes Mellitus, The Increasing Frequency of..... 31
Diabetes, Temperance in..... 114
Diarrhea, Nervous, in Pregnancy..... 138
Digestion and Diet..... 327
Dilemmas ..... 175
Diphtheria, Serum Therapy in..... 231
Diphtheria with Unusual Complications. 67
Diseases Affecting Animals, Some of the More Prevalent..... 163
Diseases, Common Contagious, of the Skin ..... 237
Disinfectants ..... 149
Doctors, The Multiplication of..... 392
Drink, The Pathological Impulse to..... 428
Dysmenorrhea, Manganese in..... 211
Eclampsia ..... 31
Eclampsia, Puerperal and Amaurosis.... 204
Eczema with Picric Acid, The Treatment of ..... 355
Endocarditis, Gonorrheal, A Case of Probable, which Developed in a Heart Containing an Old Mitral Insufficiency. 181
Endometritis ..... 321
Endorhinitis, Atrophic..... 265
Ether in Uremic Dyspnea..... 204
Expectoration in Public Places..... 158
Expert Testimony..... 430
Eyes of School Children, The..... 50
Eyes, The Recent Examination of the, Among the Baltimore Public School Children ..... 37
Fever and High Pulse in Infants..... 339
Fibroma of the Parietes and Pregnancy.. 298
Filthy Habits..... 335
Fitness for Marriage..... 322
Gall-Stones and Stomach Troubles..... 14
Genito-Urinary Practice, The Use of Hydraulic Pressure in..... 45
Goiter, The Treatment of..... 175
Goiter, The Treatment of Exophthalmos.. 427

PAGE

Gonorrhea, Treatment of, with Silver Injections ..... 285
Guaiacol ..... 267
Gynecology and Obstetrics, Recent Progress in ..... 389
Gynecology and Obstetrics, Report of Progress in ..... 228
Health Commissioner, The ..... 104
Health, The Country's ..... 176
Heart Disease, Prognosis in ..... 304
Heart Diseases ..... 466
Hemorrhage, Uterine, Unusual Cases of. 345
Heredity in Phthisis ..... 68
Hernia of Ovariotomy Cicatrix, Treatment of ..... 193
Hogpens and Slaughter-Houses in Town. 262
Hydrastis Canadensis ..... 61
Hydrocle and Sublimate Injections ..... 313
Hydrophobia ..... 14
Hydrophobia of Long Standing ..... 249
Hygienic Advantages of Maryland's Seacoast, The ..... 27
Hymen, The Preservation of the ..... 303
Hyperemesis Gravidarum ..... 138
Hyperemesis Gravidarum and Salt ..... 409
Hypodermics of Water ..... 26
Hysterectomy for Hematometra ..... 321
Hysteria in Children ..... 339
Immunity, The, of the Negro Race to Certain Diseases and the Causes Thereof.. 222
Indican ..... 303
Indigestion, Chronic Intestinal, in Infancy and Childhood ..... 417
Influence of Crude Sewage Upon Animal Life in the Bay, The ..... 255
Injections of Renal Juice ..... 357
Injections, Urethral ..... 339
Insane, The Medical Treatment of the .... 62
Insanity, Observations on Some of the Supposed Causes of ..... 23
Insect-Bites, The Treatment of ..... 31
Intoxication, Iodoform, The Prevention of ..... 429
Intussusception: Nine Inches of Gut Passed per Rectum ..... 26
Iron, A New Preparation of ..... 285
Is He Behind the Times? ..... 231
Is This Progress? ..... 68
Johns Hopkins University ..... 412
Kidneys, Fusion of the ..... 393
Labor, Swollen Leg After ..... 139
Leprosy, The Serum Treatment of ..... 64
Leukemia Lymphatic ..... 357
License to Practice ..... 394
Literature, Medical ..... 291
Lupus Treated by Calomel Injections .... 423
Malarial Infection, New Sources and Vehicles of ..... 186
Mania, A Case of, in Convalescence from Measles ..... 277
Maryland Public Health Association .... 86
Mayor's Appointments, The ..... 268, 376
Medical and Chirurgical Faculty, The .... 250
Medical Examining Board of Maryland, The ..... 428
Medical Examining Board, The ..... 194

PAGE

MEDICAL ITEMS:

15, 33, 51, 69, 87, 105, 123, 141, 159, 177, 195, 213, 233, 251, 269, 287, 305, 323, 341, 359, 377, 395, 413, 431, 449, 467

Medical Partners ..... 340
Medical Practice Act, The ..... 358
Medical Selection in Life Insurance ..... 50
Medical Service, The Liability for ..... 337
Medical Societies, The ..... 32
Medicine, Allied to ..... 122
Medicine, The Modern Teaching of ..... 423
Melena Neonatorum, Further Observations on ..... 77
Meningitis, Posterior Basic, in Infants .. 337
Meningitis, Tuberculous, The Etiology of 191
Menopause, The Effect of the, on the Kidneys ..... 280
Menorrhagia, A Novel Cause of, Tubal Polypus ..... 313
Menstruation, Vicarious, After Removal of the Ovarus ..... 257
Milk and Diphtheria ..... 176
Milk, Morbid, in a Healthy Woman ..... 230
Mind Upon the Body, The Influence of the ..... 332
Nasal Passages, Stenosis of the, An Unusual Case of ..... 350
Necrosis of Intestinal Glandular Epithelium in Diabetes Mellitus ..... 229
Neuralgia, Supraorbital ..... 114
Neurasthenia ..... 184
Neurasthenia, Perspiration ..... 357
Newspaper Notoriety ..... 304
Nitrate of Silver, Painless Cauterization with ..... 79
Nose, The, and the Sexual Apparatus .... 335
Nose, The, and the Sexual Apparatus of Man ..... 321
Nutrition ..... 92, 115
Orchitis ..... 393
Papilloma of the Epiglottis ..... 403
Paralysis, Post-Diphtheritic ..... 297
Pelvic Pain, Persistent, Removal of Diseased Tubes and Ovaries for ..... 312
Peristalsis, The Action of Atropine and Pilocarpine on ..... 357
Peritoneum, Foreign Bodies in the ..... 9
Phagocytosis in Relapsing Fever ..... 303
Physicians as Politicians ..... 232
Plagiarism ..... 376
Plasmatic Cell Contents ..... 374
Pleurisy with Pneumothorax, Five Cases of ..... 309
Pneumonia, Cerebral Features of ..... 381
Pollution of Soil and Water ..... 127
Pollution of the Potomac ..... 171
Pregnancy, Extra-Uterine ..... 338
Pregnancy, Triple, Report of a Case of ... 209
Prescriptions, Illegible ..... 140
Psychiatry and Nervous Diseases, Report of Progress in ..... 118, 137
Psychiatry and Neurology, A Glance at ... 218
Puncture, Lumbar ..... 356
Purpura, Hemorrhagic, Recovery from, Following Treatment with Injections of Artificial Serum ..... 230

PAGE

Rabies ..... 1, 4
Respiration, The Dangers of Artificial.... 285
Röntgen Rays and Foreign Bodies in the Eye ..... 193
Sanitary Ordinances; Post-Mortem..... 130
Sanitation of Seaside Resorts, The..... 41
Sarcoma, Dermic, in the New-Born..... 339
Sciatica, The Tendon-Reflexes in..... 357
Scurvy, Infantile, with Report of a Case.. 351
Sewage Disposal, Methods of..... 258
Sewage Disposal, The Relation of, to Public Health..... 199
Sex Determination ..... 394
Sheppard Asylum, The.....286, 322
Singing, The Sanitary Value of..... 336
Skin, The Permeability of the..... 211
Slaughter-houses, Some of the Dangers Arising from.....145, 167
Sleep, Inviting..... 249

SOCIETY REPORTS:

Baltimore County Medical Association. 281
Baltimore Medical and Surgical Association ..... 282
Baltimore Medical Association.....101, 282
Baltimore Neurological Society..... 281
Clinical Laboratory Society...333, 409, 463
Clinical Society of Maryland, The..6, 244, 266, 299, 314, 353, 387, 404, 443, 461
Maryland Public Health Association, 156, 172, 210
Medical and Chirurgical Faculty of Maryland, The.....10, 29, 49, 65
Medical and Surgical Society of the District of Columbia.137, 157, 172, 224, 408
New York Academy of Medicine..99, 224
New York Academy of Medicine—Section in Orthopedic Surgery..... 370
Richmond Academy of Medicine and Surgery .....80, 316
Section of Ophthalmology, College of Physicians of Philadelphia..... 318
Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia.....82, 102, 301
Specimens, An Exhibition of..... 348
State Aid..... 448
State Society..... 466
Sterility from Bilateral Epididymitis.... 40
Stomach, Complete Excision of the..... 268
Stomach, Dilatation of the, Two Interesting Cases of..... 153

PAGE

Strychnia in Chloroform Narcosis..... 193
Strychnine in Constipation..... 81
Strychnine Prescribing, Caution in..... 155
Sugar, The Use of, After Severe Muscular Exercise..... 5
Summoning a Physician..... 250
Surgical Hints..... 393
Syphilis of the Abdominal Organs..... 109
Syphilis of the Thoracic Organs..... 55
Syphilis, The Toxine of..... 187
Telangiectasis and Nevus Vasculosus.... 383
Teratology, An Unusual Specimen in.... 336
Testimony, Medical Expert..... 420
Tetanus ..... 265
Thrift, A Lesson in..... 31
Thyroid Therapy in Idiopathic Tetany.... 231
Time, Saving..... 355
Tobacco in the Colleges..... 410
Toxicity of Human Sweat..... 5
Typhoid and Dust..... 183
Typhoid and Malarial Germs, The Air as a Medium for the Conveyance of..... 171
Typhoid Bacillus, The, in the Blood During Life..... 31
Typhoid Fever, Aerial Convection of..... 193
Typhoid Fever and Dust..... 174
Typhoid Fever, Report Upon Causes of, from Recent Experience in Baltimore County ..... 134
Typhoid Mortality and Sewerage, The Relation of..... 217
Umbilical Cord, A New Dressing for the. 192
Umbilicus, Deviation of the..... 411
Uterus, Hour-Glass Contraction of the.. 333
Uterus, Reel in the; Vesico-Uterine Fistula ..... 139
Uterus, Retroflexion of the; Cancer of the Uterus..... 363
Vaccinal Immunity, The Duration of.... 114
Vinegar and Nausea..... 374
Visits, Social and Professional..... 412

WASHINGTON NOTES:

34, 52, 88, 106, 142, 160, 178. 196, 252, 270, 288, 306, 324, 342, 360, 378, 396, 414, 432, 450, 468

Water, Pure..... 32
Water Purification..... 302
Will It Pay?..... 260
Yellow Fever, The Serum Diagnosis of.. 339
Yellow Fever and Quarantine, Observations on..... 19

Digitized by the Internet Archive
in 2017 with funding from
The Center for a Healthy Maryland, the Foundation of MedChi

https://archive.org/details/mmjmarylandmedic3812medc

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No. 1. BALTIMORE, OCTOBER 16, 1897. WHOLE No. 864

## Original Articles.

LIBRARY OF THE
Medical and Chirurgical Faculty
OF MARYLAND

# RABIES.

A REPORT OF THE AUTOPSIES ON FOUR RECENT CASES OF RABIES AND A BACTERIOLOGICAL EXAMINATION OF THE RABID DOG, TOGETHER WITH THE RECENT LABORATORY EXPERIMENTS.

*By N. G. Keirle, M. D.,*
Professor of Pathology and Medical Jurisprudence, College of Physicians and Surgeons, Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, FEBRUARY 5, 1897.

FOUR little human animals—the word is used advisably not alone as expressing their social status, but in order to bring them within the pale of sympathy of the Society for the Protection of Animals. The horse that falls on the icy pavement comes within the pale of their work, and we should not forget that men too have fallen in wintry roads. Not in the heat of discussion, but after calm reflection, this assertion is made; that in conflict with the rights of human animals the lower animals have no rights. To save one fellow being, however lowly, I would sacrifice the entire breed of dogs, however high.

That there is such a disease as rabies this community has received most convincing evidence. The veterinary branch of medicine is not sceptical on this subject and in fact only a very few of those who have never seen the disease deny its existence. The highest proof that one can ask is demonstration, and rabies is an exquisitively demonstrable disease. But, "convince a man against his will and he is of the same opinion still," applies to the man whose sympathies and brains have gone to the dogs.

It is the consensus of medical opinions that the dogs that run at large are the ones that contract rabies. The disease is the result of the application of the virus of rabies. Seclude a dog and he cannot take the disease. It has not been so long since a man brought me a Skye terrier, which he said had been lying quietly by the stove and, suddenly rushing over, bit him, his wife and child. I found the stomach containing food, and I asked him if the dog had been out. He answered, "No, it is always kept in the house." I said, "You need have no fear, you cannot take rabies from this bite." With regard to the dogs of Constantinople, it was formerly said that they never took rabies, but finding that they did, these statements were modified to say that they seldom took it. Of course, it only takes place when a mad dog runs amuck in the neighborhood.

Now I do not know anything about canine rabies, but I can talk about it. For the constitution of the United States guarantees freedom of speech, though it cannot qualify a man to reason upon a subject about which he is ignorant. There is, however, compensation in many things, and while the constitution

allows everybody to speak, it compels nobody to answer; and we have another very high authority which says, "It is written answer, and again it is written answer not." Life would not be worth having if one were compelled to answer every hypothesis that some brains originate on the slightest occasion of excitement.

There are two forms of canine rabies: in one the dog is first maniacal and then becomes paralyzed, and in the other form he is paralyzed from the first. The dog with rabies is sometimes exceedingly affectionate, but this condition may last but a short time before it develops into the maniacal form. Of course, the saliva is as virulent in one form as in the other.

With regard to the dog in question, it was a large one and seemed to be a cross between a Newfoundland and a mastiff. On post-mortem there were the usual negative appearances; congestion of the kidneys and lungs and possibly of the bladder. One thing that led me to believe it was rabies was the inflamed condition of the lymphatic glands. The stomach contained pieces of glass, hair and straw. A dog may have all these appearances and not have rabies, but, taking the whole thing into consideration, the peculiar behavior of the dog, etc., it would be best in such a case to give the people the benefit of the doubt and call it rabies. I saw only three of the boys bitten by this dog; four of the eight died. In addition to these three I had seen another case a few years ago.

The public idea is that the disease prevails in dog-days, but in general it is more common in the spring and fall than in the summer. Three years ago Dr. Sappington asked me to see a case in the same neighborhood as these last cases. The little fellow was semi-recumbent on the couch and complained that opening the doors annoyed him and the air hurt his head and face. He had been delirious but spoke with clearness.

He would have a clonic convulsion during which he seemed to be struggling with someone, but he was conscious all the the way through. If you sat opposite him he talked to you until the convulsion came on, when his attention was altogether distracted. His pupils were dilated and the anterior chamber rather deep. He had another symptom that was almost pathognomonic, that is, sputation. He would spit saliva in little pools on the carpet and apologize to his mother for soiling the room. When these convulsions passed off he would get up, put on his clothing, walk to the window, and then would come back to the couch and have another convulsion. It was about 11 o'clock that I saw him, and he died that night. He would not have impressed anyone at the time as being so ill as to die in such a short time.

The cases that are at present attracting attention: The little boy Henry was bitten on the first of December, had gone to New York before the end of that week, returned on the 18th, and was sick on his way home. I saw him a day or two afterward through the kindness of Dr. Mitchell and Dr. Pillsbury and there was almost the same condition of things that I have just related; delirious one instant, rational the next. He first thought we had come to kill him and believed that all the boys bitten must be killed. His physician asked him to drink a potion containing some bromide of potash and chloral. He looked at it, carried it to his mouth and with a desperate struggle did manage to get some little down. This was about 11 o'clock at night. I went to see him again at 5 o'clock the next evening, but he died just before I reached there.

The next case is one in which rabies manifested itself in a different way. This has sometimes made the ground for questioning the disease. You are told that it is not the same in the rabbit and dog as in the human animal. Rabies in the rabbit is typical of paralytic rabies. This case is one of that kind. The boy, Eppers, had gone to New York early, perhaps on the third, and returned about the eighteenth of the month. When I saw him he had ptosis of the left eyelid and could not shut his

mouth. For this reason he could not expectorate, but he had a handkerchief with which he continually wiped away the excessive secretion from his mouth. He talked altogether with his larynx. When attempting to walk his feet would swing positively about in an incoördinate way. When asked to drink he simply refused and said he would not try. He died the same night.

The third boy I saw when there was nothing to be told. There was nothing in his case of particular interest. The points of interest are the evidence we possess that the dog was rabid and the evidence just given, which may be called clinical evidence.

Upon this paper (exhibiting paper) there is a synopsis of experiments showing that the dog was rabid. A piece of the dog's medulla was made into an emulsion with water. With this three trephined rabbits, A, B and C, were proven. The first developed rabies on the fifteenth day and died the same day ; B on the nineteenth day and died on the twentieth ; C on the seventeenth day, but I killed this rabbit the same day and with its cord inoculated three other rabbits. To complete this experimental evidence it took twenty-two rabbits, and the work extended over two months. From this rabbit that I killed, one of the three others injected died accidentally on the fourth day, a second developed rabies on the nineteenth day and died on the twenty-second and the third developed it on the twenty-first and died on the twenty-third day. This is adequate proof to demonstrate that the dog had rabies. The reason for using the second series of rabbits was this : It is claimed that sometimes there is a descending neuritis that causes similar symptoms and conditions to rabies, so this number lessens the possibility of such things.

Here (showing papers) are experiments to demonstrate that the Henry boy died of rabies ; rabbits trephined from that boy. I trephined the rabbits on the evening of his death. Rabbit A developed rabies on the sixteenth day and died on the eighteenth, B on the fourteenth day and died on the eighteenth, C on the seventeenth and died on the eighteenth, and D on the eighteenth and died on the twentieth day. From rabbit A I trephined two rabbits, K and W. K developed the disease on the fourteenth and W on the fifteenth day; they both died on the eighteenth, which goes to prove that they did not die of the laboratory virus. That virus is probably 300 or 400 removes. The virus with which these children were treated would have developed rabies, if that gave it to them, on the seventh day, and they would probably have been dead on the twelfth day. These experiments are sufficient to prove that the dog was mad, that the boys died of rabies, and that the virus was that of the dog and not that of the laboratory.

I believe it is scarcely necessary to confirm these demonstrations of the same kind that I made from the boy Eppers. The same experiments were made upon two sets of rabbits and none developed disease earlier than the fourteenth day. I think it is sufficiently proven that the virus was not the laboratory virus and not the result of the treatment. But the community has naturally come to doubt the efficacy of the treatment, and, if they do not positively impugn it, they say it had no effect and that it was useless. To prove its utility one must get at its statistics and to have them of value must eliminate all sources of error. I regret that the statistics of the Pasteur Institute, as set forth in their reports, are liable to faults. There are three columns, one of which contains the cases in which the dog is demonstrated to have been mad. That column is a good one and is sustained. The next is that in which the dog is said to have been mad upon the certificate of a veterinarian. In this there may be many sources of error, but in the third they are greater still. This embraces the cases in which the animal has disappeared.

Two of these boys were bitten on the cheek, one upon the back of the neck and the fourth over the eye. Now it is estimated that of bites upon the face, without treatment, 82 per cent. will prove fatal and with treatment 80 per cent. are curable.

# RABIES.

*By Charles W. Dulles, M. D.,*
Philadelphia.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, FEBRUARY 5, 1897.

I HAVE for a good many years taken a great interest in this subject, and Dr. Osler, knowing this, kindly invited me to come to Baltimore this evening. You will, I hope, believe that the same motives prompt me as prompt you to investigate this subject; for I have the same desire that you have to get at the truth, partly for the sake of knowing the truth and partly for the good of those who put their lives in our care. You may know that I do not entertain those views that are very largely held by the profession and which have been so well presented this evening.

I first began investigating this subject fifteen years ago as a result of the first case I had ever seen. I have since seen two other cases, and have investigated what may be called all the literature on the subject from the time of Aristotle, and I cannot agree with Dr. Welch in considering that the term hydrophobia, as used, is as precise as the term typhoid fever. I do not, of course, wish to enter into a controversy, but merely to state my views. Typhoid is a distinctly recognizable disease with well-defined lesions, a typical course, and a usual termination. Hydrophobia is not such a disease at all. I frequently meet those who have seen isolated cases of hydrophobia, and who state that it is a well defined disease; but I think, if one will take the trouble to study thoroughly the literature, he will discover that there is nothing more vague or ill-defined than the picture of hydrophobia as it exists there.

There are a few symptoms supposed to be present in most cases, one of which is the fear of water. This is not a universal symptom, and it is found in many cases where there have been no inoculations from a dog. It has been asserted that it is always the result of the bite of a rabid animal; but it has been due to a great variety of causes and a great number of diseases. In 1884, I published a rather full paper on this subject, giving many diseases in which the typical symptoms of hydrophobia occur. After hearing it read, my friend, Dr. Oliver Rowland, told me that he had recently attended a case of measles (a disease I had not named) in which the symptoms were such that the family, and even he, thought for a while that it was hydrophobia.

Among the diseases in which fear of water occurs are angina, inflammation of the throat, inflammation of the middle ear, rheumatism, diseases of the kidneys with a form of uremic poisoning; and possibly indigestion may cause it. There is a story on this subject that attributes one case to the eating of beech-nuts. In fifteen years of careful study I have tried to look up every case in the United States.

In regard to the nature of hydrophobia, the view I retain is sometimes characterized as not believing in hydrophobia. I would not put it in that way. It is unquestionable that the symptoms of so-called hydrophobia are presented by persons bitten by dogs; but that these symptoms are the result of the bite is quite a different thing; because they often arise, as I have said, from other causes. They arise from a great many traumatisms, and finally they arise spontaneously (*i. e.*, without any known injury). I say this without fear of contradiction, because there is the same reason for believing in spontaneous hydrophobia as for believing in hydrophobia after the bite of rabid animals.

In regard to the treatment, I wish to say that I disagree with Dr. Welch as to the Pasteur treatment. I have myself followed the whole train of Pasteur's experiments from the beginning until now. I have published a paper on the subject showing what appeared to me to be the absolute inconsistencies and

want of logic in the reasoning of Pasteur. The estimation that the mortality after bites has been reduced so much is founded upon what appears to me to be a gross fallacy. The claim is made that so few persons have died and so many been saved from a presumptive death.

When you take the figures you find (if the assumptions of their believers be accepted) they imply that without intervention there would have died in France more persons than have actually died of hydrophobia in the history of the whole world. It is a fact that, with all this boasted treatment, the actual number of deaths has not diminished in France from this disease since 1885. There have been inoculations all over the world since that time, and I cannot find that there has been one death less per annum in any country, and in France the deaths have exceeded those of previous years. In Germany this value of Pasteur's treatment was looked into, and as hydrophobia was a very rare disease there, they concluded that they did not need an institute.

Dr. Welch said this was due to their dog-muzzling regulations ; perhaps that has something to do with it, but another thing is that they do not have the hydrophobia scare. France has been kept at fever heat on the subject by Pasteur. Thousands have gone to him that had no hydrophobia. I have examined the matter as it affects this country, and I assure you so-called hydrophobia thrives best in the immediate proximity of a Pasteur Institute. In New York a law was passed requiring physicians to send patients to the Institute at the expense of the State, if they could not be provided for otherwise. In Chicago there is an institute, and there you find another focus of hydrophobia. Belgium is in the same condition as Germany. Hydrophobia is so little known in Constantinople that it is said not to exist at all, but that is not correct. They have a better prospect of having so-called hydrophobia there now, as I see it announced that a Pasteur Institute is to be started in Constantinople. The whole strip of Northern Africa is infested by nasty dogs, yet they very rarely have hydrophobia except in the French settlements. It is almost unknown to uncivilized man even in contact with uncivilized dogs. I do not believe in hydrophobia.

---

The Use of Sugar after Severe Muscular Exercise.—Experiments of an interesting nature (*Medical Record*) have lately been made at the instigation of the Prussian war office, to endeavor to decide the question as to whether the consumption of small quantities of sugar renders the tired muscles capable of renewed exertion. In order to obtain a practical result, the person who was made the subject of the experiment was kept totally ignorant of the object of the experimenters. On one day a sweet liquid was administered, containing thirty grams of sugar ; on the next day a similar liquid, containing a sufficient amount of saccharin to render it indistinguishable from the other as regarded taste. After a very large amount of muscular work had been performed, it was found that better results could be obtained on the days when the sugar was given than on the days when saccharin was given. The blood had become very poor in sugar in consequence of the severe muscular effort, and the administration of a comparatively small quantity of sugar had a markedly invigorating effect.

* * *

Toxicity of Human Sweat.— Arloing (*University Medical Magazine*) found the human sweat toxic for animals. If the intravenous injections did not produce a fatal termination in from one to three days, the animals died later in a cachectic state. The toxicity varies with the circumstances that accompany or precede sweating, with the individual, the mode of preparing the extract, and the susceptibility of the experimental animals.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FEBRUARY 5, 1897.

THE meeting was called to order by the President, Dr. S. K. Merrick, and the minutes of the previous meeting were read and approved.

*Dr. N. G. Keirle* read "A Report of the Autopsies on Four Recent Cases of Rabies and a Bacteriological Examination of the Rapid Dog, together with the Recent Laboratory Experiments." (See page 1.)

*Dr. S. C. Chew:* I have observed only a single case, the last of the series that occurred in our community, the boy Lawrence Wilson, who was the last to be bitten and the first to be treated. He lived at some little distance from the village where the other cases occurred and his parents took him to New York at once. He was bitten at four o'clock on Tuesday afternoon, the first of December, and the following night was taken to New York, where treatment was begun about ten o'clock Thursday morning.

Early in the morning of January 4 I was called to see the child with Dr. McKnew and learned that he had come home a few days before Christmas apparently perfectly well, except that his wound had not entirely healed. He continued well until the evening of January 1, when he became restless and had a slight fever. Apprehending the possibility of such trouble as had occurred in the other cases, his physician put him upon bromide of potassium and chloral. When seen early the next morning he was rather quiet, but still far from well. That evening he was decidedly worse and in the middle of night I was requested to see him. The phenomenon that struck me first was the peculiar character of his breathing. He was in bed, perfectly conscious and without any impairment of his mental faculties. His breathing was very laborious and neurotic in character. I examined him carefully and found no diminution of percussion resonance, the air entering freely everywhere. There was an extreme type of Cheyne-Stokes respiration. It was thought advisable to try morphia in small doses and one-eighth of a grain was given hypodermically with relief to this symptom, the breathing becoming easier. It was determined to keep him under the influence of morphia, taking care that it should not be brought to the verge of narcotic action. When we returned in the evening we found that the family had been persuaded to adopt a plan of treatment recommended by a friend who advised a medicine thought to be a specific. It was said that the child was better; it seemed to us that he was better only in the circumstance that his dyspnea was relieved. He had had two or three doses of morphia, but was not drowsy at all and there was no contraction of his pupils; the morphia had given him a more quiet day than he would otherwise have had. This was attributed to the other medicine.

I should have said that when we saw the child in the morning we thought it proper to test his power of swallowing liquids. When asked to take a little milk, he said he could not, that it choked him, but he promised to try. At the first attempt he looked at it with horror, threw himself back on the bed and refused to take it. Waiting for a little while, we asked him again to make an effort. As soon as the cup was handed to him the same expression came over his face, but he took a gulp and fell back on the bed, swallowing only a part of it. This phenomenon of hydrophobia was perfectly well-marked in the case.

A clinical point of interest was this; while the child was in New York he had on one morning a slight fever and a red eruption on the skin, which soon, however, disappeared. On the day I saw him examination of the urine was made and showed a slight trace of albumen. Now, under these circumstances, a rash with the existence of a small amount of albumen, it was possible to construct the hypothesis that he had scarlet fever and possibly he had. I am not prepared to say that there was no scarlet fever,

but the history of the case, the facts that he was one of the group bitten by the same dog, which was proved to have rabies, that the other boys were proven to have had it, the existence of this neurotic dyspnea, and the further fact that he died with convulsions, all these things put together can have but one conclusion, that the death was due to rabies.

*Dr. C. H. Mitchell:* There is little left for me to say in regard to the cases in question. I was called to see these boys and that embraces my only experience with hydrophobia. Dr. Pillsbury arriving before me dressed the wounds. I would like to call attention to symptoms that have not been spoken of. It was found in both my cases; that was widely dilated pupils and black vomit. Whether those were typical symptoms of the disease I am not prepared to say.

I called to see Henry on the Sunday after his return from New York. He had arrived on Friday, very tired, and they thought he had taken cold on his way home. He was rested then, but his mind was in a stupid condition and he did not want to be disturbed. On Saturday he had played about as usual. He came in Sunday afternoon and his mother noticed that he was very irritable. He had gotten up early that morning, still complaining of being tired and of an earache. His mother said she thought he had received harm rather than good from the Institute. An epileptic had been permitted to enter his room two or three times while in the Institute and he had had a fit at one of his visits. When I saw him his pupils were extremely dilated, he was quite nervous, spoke rapidly and I found, on trying to get him to drink water, that he did it with great difficulty. Knowing that Dr. Keirle was interested in such cases, I called him in consultation. During the one hour that elapsed before his arrival the symptoms had become extremely aggravated and I remarked to him that what were suggestive symptoms before were then very real. He would seem to be perfectly conscious and then in a moment would make an irrational remark. He was offered a drink and it was impossible for him to take it; he did, I think, get down one swallow with a terrible gulp. On the next day he looked like a child that had been ill for a great while. I returned at five o'clock that evening to find him dying. During the afternoon he had begun to vomit and kept it up continuously until the end.

The Eppers boy, as Dr. Keirle had explained, presented a different type of the disease. Upon his arrival from the Institute I called upon him and found him quite nervous, but, as he was naturally a nervous boy, I did not think much of it. On the twenty-third I was called to see him and found he had a marked facial paralysis, dilated pupils and unsteady gait. Dr. Keirle saw him the next day and has described his symptoms to you. I saw him two hours before his death and at no time had he had convulsions, but was simply in a paralytic condition. He also vomited almost incessantly during the afternoon. In both cases, the extremely dilated pupils, the fear of something and the extremely anxious countenance were symptoms particularly noticed, also the black vomit.

*Dr. W. H. Welch:* There has been much confusion in the minds of the general public regarding hydrophobia. Dr. Keirle has treated that aspect of the subject. As to the existence of such a disease I suppose there is no doubt in the minds of those present. The fact that anyone should deny that there is such a disease is a curious thing, for it is as definite a disease as typhoid fever or diphtheria. If you deny the existence of one you may as well deny the existence of the others. It can be positively demonstrated by the inoculation of animals. The claim that similar symptoms and modes of death can be produced by non-rabic material are wrong, we all know. We made numerous experiments in my laboratory in 1877, 1878 and 1879, and anyone who had made such experiments can come to but one conclusion, that the inoculation test offers absolute proof of the existence of the disease. In Russia every physician sees several cases in his practice during the year.

The apparent failure of the treatment of those boys has discredited it with the public. The question of its value has, however, passed beyond the stage of debate and nothing that can happen in Gibier's Institute can cast doubt on what has been established in other institutes. In the Pasteur statistics the cases are classed in three groups, A, B and C. First those that have been bitten by dogs demonstrated to have been mad. That these animals were actually mad is beyond question, because the existence of the rabies in the animal was proven by inoculation tests. They state the parts of the body bitten and class together all those bitten upon the brow, face and extremities. One can limit himself to class A if he chooses and can pick out those that were bitten upon the bare skin of the head and face. Now we know that the mortality of the unprotected cases of that group is very high, some say 100 per cent. What is the result in the same class of cases treated in the Pasteur Institute? Take the figures that were summarized in 1895, and of those belonging to class A there were treated between 1886 and 1895, 2624 cases with 15 deaths, a mortality of 0.57 per cent. This excludes those dying during treatment and those dying with symptoms which appeared within fifteen days after the treatment. If all those cases be included the mortality is not 3 per cent. Of course, those dying during the treatment could not be benefited by the treatment, and in those dying before the fifteenth day it was contended by Pasteur that the virus had already reached the central nervous system before the treatment; so it is proper to throw them out. Column B contains the animals pronounced rabid by veterinary surgeons and column C those animals which were only suspected to have rabies. The probability is that there is a large number of rabid animals in B and C and in fact there is often a higher death rate in B than in A. From 1890 to 1895 there were 135 patients bitten on the head and face by animals proven to be rabid and all recovered under treatment. The treatment has steadily improved and the results have improved from the beginning. One hundred and thirty-five persons bitten on the head and face by dogs absolutely demonstrated to be rabid, with a single death, excluding those dying during treatment or within a fortnight, proves, I think, the worth of the treatment.

The statistics from St. Petersburg from 1886 to 1895 are 848 of class A treated, with fifteen deaths, and that includes those dying during and within a fortnight after treatment, a percentage of 1.77, the same essentially as in the Pasteur Institute. The efficacy of the treatment is established beyond peradventure, and nothing that can happen at the New York Institute can destroy those facts.

It is sometimes charged that those who die within so short time after treatment have died as the result of inoculation. The charge was very early made that they died from laboratory hydrophobia. There is absolutely no proof for such statements, and every experiment proves that it is not so. The period of incubation of the two is quite different, and, unless you can show that the human is an exception from the action seen in animals with this organism one has a right to make this statement.

The treatment was apparently a failure in these boys, and one asks why. It is inclined to shock one's faith in its efficacy if it were all we know about it. I do not think we have sufficient information regarding these cases to enable us to express an intelligent opinion of their treatment. It is conceivable that the treatment was in every respect correct, and this is nothing but a failure that would not discredit the treatment at all, for it was only a small number of cases and we have a vast number of successes to place against it. I should judge, from what has been said in the newspapers, that the boys were not treated by what is known as the intensive treatment. The results are strikingly better with the intensive treatment than with the simple method. It may be that the treatment was not properly carried out, but on that point we have no information. It is regrettable that the physicians of New York have

not the confidence in the institute of that city that is to be desired, but in any case the treatment rests upon a firm basis and these results do not overthow its value. It is not an absolutely sure cure.

The prevention of hydrophobia rests upon proper sanitary precaution and by proper means it can be exterminated. Every dog should be taxed and registered and all ownerless dogs killed. Dogs not muzzled should not be permitted to run in the street. In Northern Germany, where these laws are enforced, they have no hydrophobia. In France, where the dogs run at large, they have an enormous amount of hydrophobia. For my part I prefer the German methods and preventive treatment rather than the French plan.

*Dr. William Osler:* My friend is this way only when the wind is north-northwest; when the wind is southward he is all right. He got hold of the wrong end of this rope some fifteen years ago. I promised to cure him if he would come into the laboratory and study the disease properly, provided he had not reached the same stage in life I have in which these things are not curable.

*Dr. Welch:* We are indebted to Dr. Dulles for the expression of his views. I have always been interested in them and it is interesting to hear them given by himself. We have not the time now to answer all the points he brought up. I said that rabies is as definite disease as typhoid fever. Typhoid, as he said, can be recognized post-mortem; hydrophobia with just as much certainty. You make the diagnosis in typhoid by the lesions, you make the diagnosis in hydrophobia by the result of inoculations of animals. I am just as willing to say that a person died from hydrophobia, if permitted to make the post-mortem, as I am to say that another died of typhoid. It contains a specific organism though it is not yet isolated. You inoculate the animals in series and produce the disease every time. I have had the opportunity to make autopsies in two cases, one before the Pasteur treatment and one since. The inoculation of the rabbit gave the same result in both cases.

As to the prevalence of the disease I have examined here in Maryland six dogs demonstrated to be rabid. The experimental work of Pasteur was a magnificent piece of work and is the admiration of the scientific world. I cannot agree with Dr. Dulles in regard to the statistics. Everything goes to show that the death rate has been steadily decreasing in France. Even the municipal statistics show this.

*Dr. Keirle:* I have but very little to say in concluding. But I wish to offer this resolution: That the Society endorse the Pasteur treatment of rabies without reference to any particular institute.

(The motion was seconded and adopted by the Society with but one dissenting vote.)

*Dr. Keirle:* As to the specificity of the disease, suppose you had 600 rabbits taking a disease one after the other by inoculation and each at a definite time showing the same set of symptoms, surely that is a specific disease. It does not matter what you call it. During the three years I have investigated this subject I have given 600 rabbits this disease. It comes on them the seventh day and they die on the twelfth; at first it was the fifteenth day and they died on the twentieth, but it grows more virulent as you go along. The name does not matter so much and the disease we call hydrophobia by any other name would be as heinous.

Dr. L. G. Smart and Dr. C. E. Downes related their connection with one of the cases. The Society then adjourned.

H. O. Reik, M. D.,
Secretary.

---

Foreign Bodies in the Peritoneum.—Tuffier (*British Medical Journal*) reports, without giving any clinical details, the exhibition of a specimen of inguinal epiplocele, in the center of which there was found to be a needle.

## THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

MEETING HELD AT OCEAN CITY, MARYLAND, SEPTEMBER 15 and 16, 1897.

*(Continued.)*

### FIRST DAY, SEPTEMBER 15, AFTERNOON SESSION.

THE meeting was called to order by the President, Dr. Ellis.

The minutes of the morning session were read by the Secretary and approved.

*Dr. William Osler* read a paper on "Hemorrhage from the Bowels in Typhoid Fever."

*Dr. Edward Anderson:* The subject of hemorrhage in typhoid fever is a very interesting one to those of us who practice in the country, for we have so much of it. Sudden relapse in typhoid should always cause us to suspect hemorrhage. One case I recall in which the temperature fell considerably below normal in the axilla; I introduced the thermometer into the rectum and it came out covered with blood; the young man died from hemorrhage. Since the epidemic of influenza I think we have had no disease that was not influenced by it and I believe I have some cases of hemorrhage caused by it alone; in fact, nearly all of my cases occurred in 1893. So far as treatment is concerned I believe that lead and opium is the best if diarrhea is present, but if constipation exists it is dangerous. Accumulation of fecal matter may cause fatal hemorrhage.

*Dr. T. S. Cullen:* I would like to ask Dr. Osler whether in fatal cases of hemorrhage the patient usually dies immediately after the hemorrhage. I remember a case in which a surgeon was called to a patient having hemorrhage and she died inside of twenty minutes; there was a steady flow of blood from the rectum.

*Dr. John Neff:* Dr. Osler omitted one point in the treatment of this condition that I have found very useful; I mean the local application of ice and the turpentine enemata.

*Dr. John C. Hemmeter:* I was impressed by the remark of Dr. Anderson, that all of his cases of hemorrhage occurred in 1893. That is a surprising confirmation of the experiments that have shown that infection of influenza reduces the coagulability of the blood; the blood will not form as firm a clot in persons who have, or have recently had, influenza.

*Dr. William Osler*: There is probably no accident more distressing to the physician and friends than sudden death in typhoid from hemorrhage, and the doctor can rarely avoid some imputation of mistake. I believe there is a certain number of cases over which we have no control; just such cases as Dr. Cullen mentioned. They bleed from large vessels in the musculosa over which our medicines have no control, and it is well to recognize that in a certain number of cases our hands are tied, because we can not get at the bleeding vessel. Dr. Bevan suggests to me that we might open the abdomen; it has been tried, but it is a very difficult thing to determine the location of the bleeding point. I omitted to mention the ice-bag to the abdomen, but I use it invariably. I can not help feeling that the present vogue of giving active laxatives, calomel and salts throughout the course of the fever is a dangerous practice and increases the liability to hemorrhage.

*Dr. B. Bernard Browne* read a paper "On Hernia of the Ovary with a Report of Two Cases Cured by Laparotomy." He said that the intra-uterine development of the ovary in the lumbar region and its downward passage into the pelvis rendered it liable to displacement from arrest of development or peritoneal inflammation, which frequently attacks the fetus in utero and produces adhesions between the various abdominal viscera.

Up to the second month of intra-uterine or fetal life there is no distinction between the male and female organs of generation, but about this time changes take place by which the character of the sex is established and in consequence of which a divergence occurs in the direction in which the respective genital glands are carried, and

should an arrest of development or a slip on the part of the ovary take place at this time the ovary is liable to be drawn by the round ligament into the patulous canal of Nuck. From its loose attachment to the broad ligaments and uterus the ovary is easily affected by the movements and displacements of the pelvic organs, whether caused by physiological or pathological conditions.

It may be a hernia of the ovary itself or it may be accompanied by intestine, omentum, Fallopian tube, cornu of the uterus, or even the bladder.

The eight channels by which the ovary may become herniated are: The inguinal, crural, ischiatic, umbilical, ventral, vaginal or labial, obturator and anal.

The history of hernia of the ovary is quite ancient, extending back to Sorenus of Ephesus, 117 A. D., who describes a case in which the intestines had protruded through the inguinal canal into the labia, having been preceded by the ovary, which had become adherent and drawn them down. Cases had also been reported by Vardier in 1625, by De Gouey in 1716, by Haller and Papin in 1750 and by Percival Pott in 1756.

The first work on the subject was written by Deneux of Paris in 1813. Important contributions have been made by Englisch of Vienna in 1871, and Puech of Paris in 1873 and 1878; the latter records 104 cases; 86 inguinal; 14 crural; 2 ischiatic; 3 abdominal and 1 obturator. The first case reported in America was in 1874 by Dr. Benjamin McCluer of Dubuque, Iowa.

Dr. Browne reported two cases:

First, a woman, aged 40, the mother of several children, the last about 10 years old; had suffered from an inguinal hernia in the right side for about 20 years, and had worn a truss; at the birth of her child the hernia protruded, and was returned with difficulty. The hernia continued to occur and a small lump was felt after its return. Finally the hernia became strangulated and Dr. Clendenin called upon Dr. Browne to operate; in cutting down on the hernia he found the intestines agglutinated, and upon separating them he found the ovary at the bottom of the sac; it was found that the corner of the uterus was drawn into the internal ring; the abdomen was opened, the intestines returned, the ovary and tube together with the sac were removed. The patient reacted slowly, but finally made a complete recovery.

The second case was a hernia of the ovary into the right inguinal canal. The ovary was returned into the abdominal cavity and the sac removed. The patient soon recovered from the operation.

*Dr. T. A. Ashby:* Hernia of the canal of Nuck must be an exceptionally uncommon condition. If such a case presented itself to me before there was strangulation of bowel I think I would try to replace the ovary in the abdominal cavity and then close the canal of Nuck. I would not remove the ovary at all. In one case of Dr. Browne's, of course it was necessary to remove the ovary on account of its pathological condition. Dr. Browne's paper brought out very clearly the various forms of ovarian displacement and the clinical symptoms to which they give rise. To one having large experience in the practice of the touch it is quite noticeable to what extent the ovary is found low down in the pelvis. It is displaced more often than one would suppose. In cases where the organ is healthy we are warranted at times in shortening its attachments to the uterus by abdominal section; in other cases we are warranted in removing it by abdominal or vaginal incision. I have seen several cases corrected by pregnancy. A displacement of the ovary, whilst often a source of pain, is not always so. I have a patient whose ovary is below the cervix and in front of the bowel and yet it gives rise to no symptoms. In dealing with these conditions we must judge them by their symptoms rather than by the physical conditions which we find.

*Dr. Browne:* In one of my cases the patient had been perfectly comfortable as long as the ovary was in the abdomen, so I merely returned the ovary to the abdomen and sewed up the opening.

In the other case the ovary was very much diseased and I removed it. With my two cases and those found in the literature I have been able to bring the total number of reported cases up to 140. Out of this number only 14 or 15 cases have been reported in America.

*Dr. W. S. Gardner* read a paper upon the "Diagnosis and Treatment of Large Collections of Pus in the Pelvis."

The three common sources of infection are those following labor or operations, gonorrheal infections, and infection at the time of operation.

The diagnosis depends upon the finding of an immovable tumor which had rapidly developed and which may or may not present distinct fluctuation and which is associated with a rise of temperature.

These patients are most safely treated by drainage. The preferable route is through the vagina, and the preferable method is by free incision into the posterior vaginal wall and dissection with the finger from the incision into the pus cavity. And the method is to puncture the most prominent portion of the tumor through the vagina with a long pair of scissors. When the mass extends well above the pelvis and is not readily accessible from the vagina, an incision can be made through the abdominal wall. By whatever method the cavity is opened it should be packed with iodoform or sterilized gauze and renewed until the cavity closes from the bottom.

The advantages of drainage over an attempt at a more radical operation is that it is comparatively safe; that no organs are sacrificed; that the vast majority of cases are symptomatically cured.

The histories of three cases were briefly related, in each of which a large collection of pus had been diagnosed and treated by drainage, and all had promptly and completely recovered.

*Dr. T. S. Cullen:* This is an exceedingly interesting group of cases, especially so to the general practitioner. Our views of the subject have changed considerably in the last few years. Formerly all cases were classed as cellulitis. With regard to the operation, I think the best place is just posterior to the cervix, but instead of using the scissors I think it better to dissect right down. In some of these cases we find that there is more than one sac and sometimes we have a pyosalpinx and here I have found it advisable to take a long pair of artery forceps, coax down the tube and then slit it open. If the tube is normal you wash it out and put it back again, but if there is any inflammatory change present you cut it off. Dr. Watson has had a number of interesting cases recently and I think the Faculty would like to hear from him.

*Dr. W. T. Watson*: I can testify to the merits of the proceeding of vaginal puncture spoken of by Drs. Cullen and Gardner. I recently had three cases of pelvic abscess in my practice, occurring about the same time, and all were operated upon by Dr. Cullen within a space of three days. In all there was a collection of pus plainly palpable between the uterus and rectum and projecting somewhat into the vagina. All had chills and fever and were rapidly getting into bad condition. Gonorrhea was the probable cause in one case and a possible cause in the others. The operation was by incision at the juncture of the cervix and vagina posteriorly and then penetration of the cavity by finger and uterine dilators. After evacuation the cavity was packed with iodoform gauze, which was removed in six or seven days and did not have to be renewed. In all the temperature dropped to normal immediately and they went on to recovery.

In a fourth case recently operated upon by Dr. Cullen in the same way there was no pus, but the inflammatory mass in the right pelvis was broken up by the finger and drainage instituted, with immediate cessation of pain and fever. The patient made a good recovery.

*Dr. B. B. Browne:* I think there are more of these cases of gonorrheal origin than we have generally supposed. I believe in many cases gonorrheal pus will remain latent and it simply requires something to set it up and make it take on active processes. Take a child with

vulvitis; if you examine it you find gonococcus. How did they get it? My opinion is that they had it ever since birth and that it has simply been latent.

*Mr. A. J. Corning* made remarks "On Substitution and Other Abuses."

I am very much obliged for the very cordial reception extended me as a representative from the Maryland Pharmaceutical Association.

Abuses arise in all occupations. At the last session of our association a committee was appointed to wait upon this Faculty at this time and to try if possible to see if there is any means by which abuses, injurious to both of our professions, can be remedied. If in the course of my remarks I should say things that may be construed to be out of the way I hope you will attribute it to the fact that I am not accustomed to public speaking and that it comes from the head and not from the heart.

We recognize that in the practice of medicine there is more than one kind of people, that it is a broad field, starting with the Indian doctor and extending to the highest scientific physician. The Indian doctor sells his medicine to a class that does not come to you and takes no stock in your methods. Next to him comes the patent medicine man and he too gets a class that you can not catch. Then comes the proprietary medicine man and there is the man who comes for you; he lays before you his proprietary medicine and does it with so much skill that he catches even you and his medicine goes out with your indorsement and becomes an article of merchandise. Next to him is the physician who sells his advice but throws in his medicine; he gets another class of people. These men are all the same in that they advertise themselves. I refer to these because they differ from you. I have noticed while attending these meetings that you are actuated by science, which is the proper course to pursue. You are trying to study the diseases of the people and to treat them scientifically.

Abuses have crept in on both sides of the house because the several branches have been trying to overstep each other; that is one of the reasons why misunderstandings have arisen. The imputation has been made that the druggist does not always put in what the prescription calls for; that he is dishonest and sometimes gives anything but what the physician orders and what he is expected to serve. We acknowledge that this is reprehensible and we come to say that if we can get the influence of the scientific men in your profession we will try to rectify this abuse and meet you gentlemen on common ground.

In the earlier history of medicine, the poor facilities which the physician had, the sparcity of the country, etc., compelled physicians to combine within themselves a great many arts which modern science has rendered impossible for them to pursue. There was a time when the family cat greeted the physician with great cordiality because he was so saturated with valerian that he could be smelled a mile away. Now the part the physician takes in dispensing his own medicine is decidedly unscientific; he can not carry in his gripsack enough medicine to supply his costomers, and when he attempts to do so he does that which he accuses us of doing, he substitutes one medicine for another that he does not happen to have.

Now we have been convicted of counter prescribing; I acknowledge it. We are willing to acknowledge our errors, and we want to see if we can not by an interchange of confessions put the pharmacists on a line where they belong. There are strained relations between us, and these are a few of the things that have created most of the distrust between the physicians and pharmacists. We want to submit our case, acknowledge our own faults and see if you will acknowledge yours. The Lord did not make all angels as pharmacists, but we have some men that are good, some excellent and some the peer of any man in this community. We want to elevate the profession of pharmacy and to do that we have got to have your respect and your aid. Having obtained those we shall be able to improve ourselves and be more worthy of your confidence.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, OCTOBER 16, 1897.

*Gall-Stones and Stomach Troubles.*

THE influence of gall-stones upon the stomach mechanism is two-fold. During a severe attack of gall-stone colic (called liver colic) there is usually a windy swelling of the stomach, easily perceptible by inspection or by percussion and very burdensome to the patient, at times oppressing him dreadfully; and there may be vomiting, very severe and very exhausting, first of the stomach contents and later of bile matters. These disturbances of the stomach are apparently nervous reflexes, but exactly how they are brought about is unknown.

After cessation of the paroxysm of pain there very often remains for a longer or shorter time a relaxation of the stomach muscle, as is shown by fermentations, heavy feeling after meals, bloating, etc., and these symptoms may be so severe as to divert diagnostic attention from the underlying disease of the bile-ducts. Dr. Reichmann, who reviews this subject in a very interesting way in the *Berliner Klinische Wochenschrift* of August 16, says he almost daily meets patients who, having recovered from liver colic, continue through lack of dietetic care or through the ingestion of too large quantities of mineral waters to suffer from digestive disorder for a long time.

In the intervals between the attacks of liver colic we find often violent gastric pains occurring in paroxysms. Whether these are really gastric spasms or are gastric neuralgias proceeding from the solar plexus is as yet uncertain. They begin usually in the epigastrium and extend to the hypochondria, the esophagus and the back, and are most likely cramps of the stomach, being attended by a sense of constriction in the region of that organ. In fact the statement may be ventured that gall-stone is the most frequent cause of gastralgia.

Beside these paroxysmal and brief disturbances of the stomach there set in, in the intervals between the gall-stone paroxysms, more permanent anatomical changes, secondary to the gall-stone's presence. Among these are stenosis of the pylorus or duodenum, causing enormous gastric dilatation, after a period of increased gastric peristalsis and muscular hypertrophy in which an effort is made to overcome the obstruction. This stomach change is attended first by epigastric pain, especially after meals, and stomach restlessness; then by dilatation symptoms. The location of the obstruction may sometimes be determined by the thing vomited; gastric juice, bile, or (lower down the duodenum) pancreatic juice.

* * *

*Hydrophobia.*

IN this number the subject of hydrophobia is discussed from all sides. The physicians who saw the cases gave their opinion, the pathologists whose knowledge of this disease is largely based on animal experimentation say clearly what they think, while the agnostic, so to speak, gives his views on the matter.

In any question in which there is an element of uncertainty it is well to have all sides represented and views which on their face look unorthodox should receive careful consideration and not be thrown aside because they do not emanate from the majority. Hydrophobia, which is a term synonomous with rabies, means not only a fear of water, but a poisoning of the whole system by an organism which is not yet clearly understood. Statistics show that when dogs are muzzled or kept in bounds the disease is rarely seen.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 9, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 6 |
| Phthisis Pulmonalis | | 21 |
| Measles | 1 | |
| Whooping Cough | | 1 |
| Pseudo-membranous Croup and Diphtheria. | 29 | 11 |
| Mumps | | |
| Scarlet fever | 17 | 1 |
| Varioloid | | |
| Varicella | 1 | |
| Typhoid fever | 11 | 6 |

The ambulances of Baltimore have the right of way on the streets.

Klebs will now turn his attention to the study of the toxines of yellow fever.

The report that Dr. George Ben Johnston of Alexandria was dead is said to be without foundation.

Dr. Charles E. Sadtler has removed to 1800 Bolton Street, corner of Laurens. His telephone number is 1969.

The American Public Health Association will hold its next annual meeting in Philadelphia, October 26 to 29.

At the recent session of the Medical Society of Virginia, Dr. A. L. Hodgdon of Baltimore read a paper on "Epilepsy."

The Washington, D. C., Board recently brought charges against a negro employed in a drug store for practicing and he was fined $50.

The Board of Regents of the University of California has decided to refuse admission to members of the Hahnemann College for recognition.

In consequence of yellow fever and resulting quarantine, the opening of the next session of Tulane University is postponed to November 15.

Dr. Charles Minor Blackford, Jr., has left the Atlanta Medical College to take the position of professor of pathology at the University at Augusta.

Italy has just unveiled a monument to Malpighi, the great biologist and histologist, and on this occasion the venerable Kölliker of Würzburg delivered an address.

Dr. G. C. E. Weber of Cleveland, who has been apponted consul at Nuremburg, Bavaria, has presented his entire library of 700 volumes to the Cleveland Medical Library Association.

Dr. Andrew J. Spalding died at Leonardtown, Maryland, last week, aged 72 years. Dr. Spalding had always lived where he died and was graduated from Jefferson Medical College. In the last four years of his life he had retired.

The United States Marine Hospital Service has its hands full in attempting to keep down yellow fever. A Bureau of Public Health may be a necessity yet. The yellow fever will probably disappear with the advent of heavy frosts.

At the last meeting of the Mississippi Valley Medical Association, Dr. C. C. Jacobs of Frostburg read a paper entitled "The Treatment of Obstructive Lesions of the Urinary Tract Anterior to the Bladder, with Special Reference to the Prostate Gland."

Dr. Michael Foster, Professor of Physiology at Cambridge University, England, whose work on physiology is so familiar to all physicians and students, was in Baltimore this week and gave a short talk on "University Education" at the Johns Hopkins University.

A Bureau of Clinical Medicine and Surgery has been established at the Hall of the College of Physicians in Philadelphia. The idea is to keep a record of all clinics and operations at the various hospitals and medical schools of that city so that physicians visiting Philadelphia may economize their time.

There have been several changes of residences since last summer. Dr. Hiram Woods has just moved into his handsome and convenient house at 842 Park Avenue; Dr. Robert L. Randolph has taken the house at 816 Park Avenue, formerly occupied by Dr. Woods; while Dr. R. B. Warfield has bought and moved into the house recently occupied by Dr. John Whitridge Williams, the latter taking the house of his late father, Dr. P. C. Williams, at Cathedral and Howard Streets.

The Book and Journal Club of the Faculty held its first meeting and smoker of the season last Wednesday night. Dr. Welch spoke on Yellow Fever and Dr. Bloodgood on Hernia.

Dr. Charles H. Stowell has resigned his position as editor and proprietor of the *National Medical Review* of Washington, D. C., and has sold out his interests to Drs. Thomas E. McArdle and George W. Johnston, who will hereafter conduct the *Review*. Dr. McArdle is connected with Columbian University and Dr. Johnston, a brother of Dr. W. W. Johnston, has charge of a sanitarium. Dr. Stowell, who leaves Washington for New England, will be missed. His sprightly and witty no es always made the *Review* very attractive.

The Medical Society of the Woman's Medical College met last week at the college, at Hoffman and McCulloh Streets, and elected the following officers: President, Dr. Claribel Cone; Vice-President, Dr. Lucy Bement; Recording Secretary, Dr. M. Waters; Treasurer, Miss Peck; Corresponding Secretary, Miss Annie Howe. The meeting was the first of the season, and it was decided to hold meetings on the last Tuesday evening of each month during the college sessions of 1897-1898. Dr. G. Milton Linthicum read an interesting paper on tuberculosis. After the meeting refreshments were served in the reception room.

The following is the result of the Virginia State Board Medical Examination held August 31 to September 2, 1897: Physicians and Surgeons, Baltimore, 4 applicants, all passed; Baltimore Medical College, 2 applicants, 1 passed, 1 failed; University of Maryland, 1 applicant, passed; Baltimore University, 1 applicant, passed; Howard University, 1 applicant, passed; Georgetown University, 1 applicant, passed. Since the organization of the Board in 1885, through the last examinations; Physicians and Surgeons, Baltimore, 132 applicants, 96 passed, 29 failed; University of Maryland, 144 applicants, 109 passed, 32 failed; Baltimore Medical College, 37 applicants, 15 passed, 20 failed; Baltimore University, 12 applicants, 1 passed, 9 failed; National Medical College, 1 applicant, failed; Georgetown University, 3 applicants, 2 passed, 1 failed; Howard University, 26 applicants, 6 passed, 17 failed; Columbian University, 1 applicant, passed.

## Book Reviews.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared Articles on Treatment. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., J. Mitchell Bruce, M. D., and David M. Finlay, M. D. Volume II. Seventh Series, 1897. Philadelphia: J. B. Lippincott Company.

This series of international clinics has been running for many years and yet the supply of good articles and clinical lectures seems to keep up. In this volume there are many special papers at the opening on treatment and here diseases of various kinds and morbid conditions are considered only from their therapeutic side. After this comes a number of lectures in medicine, neurology, surgery, gynecology, and obstetrics, ophthalmology and the other branches mentioned in the title. Some of the lectures are exceedingly readable and contain things worth remembering but a few of them seem to be résumés of former articles or carelessly strung together papers. On the whole the volume is a good one and contains much information which even the veteran physician should be glad to obtain. These differ from text-book articles, in being more colloquial in character and perhaps lacking that care in preparation which an extended paper in a system of medicine would demand. In this whole series of lectures there is rather an even division of subjects and the surgeons do not monopolize a whole volume nor does the medical man have full sway in any one book. These clinical lectures have been of inestimable value in special cases where treatment is looked for.

## REPRINTS, ETC., RECEIVED.

Fifteenth Annual Announcement of the Niagara University, 1897-1898.

Twenty-sixth Annual Announcement of Pulte Medical College, Cincinnati, for 1897-1898.

The Treatment of Alcoholism. By J. M. French, M. D. Reprint from the *Medical and Surgical Reporter*.

Sixteenth Annual Announcement of the Post-Graduate Medical School, 1897-1898.

Medical and Dental Departments of the National University, Washington, D. C., 1897-1898.

The Substitute Feeding of Infants. By T. M. Rotch, M. D., of Boston. Reprint from *Pediatrics*.

Tumors of the Orbit. By William Cheatham, M. D., of Louisville. Reprint from the *American Practitioner and News*.

The Umbilical Cord. By A. C. Wentz, A. M., M. D., of Hanover, Pa. Reprint from the *Pennsylvania Medical Journal*.

Gonorrheal Endocarditis. By Alfred Stengal, M. D., of Philadelphia. Reprint from the *University Medical Magazine*.

The Standard of Medical Education. By J. M. Bodine, M. D., of Louisville. Reprint from the *American Practitioner and News*.

The Prognosis and Treatment of Acute General Peritonitis. By Robert Abbe, M. D., of New York. Reprint from the *Medical News*.

Curability of Pulmonary Tuberculosis. By E. B. Borland, M. D., of Pittsburg. Reprint from the *Journal of the American Medical Association*.

The Appendix "in the Intervals." A New Method of Studying its Pathology. By Robert Abbe, M. D., of New York. Reprint from the *Medical Record*.

Bullet Wounds of the Abdomen. By W. E. Parker, M. D., of New Orleans. Reprint from the Transactions of the Southern Surgical and Gynecological Association.

Original Methods for Detecting and Measuring Abduction and Adduction of the Thigh. By Phil. Hoffman, M. D., of St. Louis. Reprint from the *American Medical Review*.

Anti-Streptococcic and Anti-Diphtheritic Serums in Treatment of Cases of Mixed Infections. By F. Spencer Halsey, M. D., of New York. Reprint from *Archives of Pediatrics*.

Interrupted Respiration. A Study of Certain Physical Signs of Diseases of the Chest. By J. N. Hall, M. D., of Denver. Reprint from the *Journal of the American Medical Association*.

The Position and Posture of the Patient During Parturition, with Special Reference to the Merits of the Walcher Position. By Andrew F. Currier, M. D., of New York. Reprint from the *Medical News*.

# Current Editorial Comment.

## THE HOLIDAY.

*Lancet.*

To save the brain and the nervous system the holiday must be so managed as to involve no financial strain. Its pleasure must not be darkened by the thought that too much money is being spent. We must not attempt more than we can easily afford, for the object of the holiday is rest, and there is no rest where money troubles threaten. Bearing these general principles in mind, it is for each individual to select that form of holiday which is most in keeping with his means, his tastes and his proclivities.

## THE DYING.

*North Carolina Medical Journal.*

There is no reason why these poor creatures should not have relief, and the doctor should not stand by idly, thinking that they are not conscious of their suffering. A small dose of morphia, or tincture of opium, will give infinite relief, and one who has seen the look of anxiety and pain replaced by a peaceful, placid expression, and the restlessness give way to quiet, gentle sleep, will not regret having administered the opiate. It takes away the pangs of death and gives courage to the dying. It should be administered in doses sufficient to relieve the patient's suffering, the dose being regulated by the effect and freely repeated without fear of wrong.

## THE MEDICAL FETISH.

*Charlotte Medical Journal.*

The various health resorts owe much of their prosperity to the same fact. Quantities of nauseous water are drunk, frequent medicated baths are taken by people who could not be persuaded to drink the same quantity of pleasant, potable water, nor to enjoy the luxury of frequent bathing in simply clean water; all illustrating the power of the fetish. It has a position among us which it may benefit us to try to understand. A great part of the benefit received at health resorts lies in the change, and the stimulus it inspires. This advantage is none the less because it may be due to a happy delusion. The fact remains that a certain degree of good is done and the patient attributes any improvement to the resort.

## PROGRESS IN MEDICAL SCIENCE.

CHICAGO, ILL., October 4, 1897.

RESINOL CHEMICAL CO., Baltimore, Md.

*Gentlemen:*—In a chronic case of eczema of external meatus and auricle, Unguentum Resinol was used, resulting in a complete cure inside of a week. The patient had sought relief for three years. — SIDNEY WALKER, M. D., Oculist and Aurist.

---

SEPTEMBER 2, 1897.

MESSRS. JOHN CARLE & SONS,

*Gentlemen:*—I have received the "Nursing World Clinical Records" and samples of your Imperial Granum, although it was unnecessary to send the latter to acquaint me with its value, as we have a living example in our only son of the worth of Imperial Granum, and I have prescribed it constantly for eleven years, and always with the very best results. Yours very truly,

——— ——— M. D.

Clinical Records and samples of this celebrated food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

---

WASHINGTON, D. C., July 18, 1897.

MR. J. E. HANGER.

*My Dear Sir:*—I have worn the artificial leg you made for me uninterruptedly for six years. It gives me the greatest pleasure to testify to its excellence. It is far superior to any leg I have ever seen or heard of. Nothing approaching it can be made in this country, in my opinion, and I do not see how it can be excelled in any country. For lightness, perfect adjustability, and consequent ease and comfort, the leg is as near perfect as art can make one. I mean this in its fullest import, and speak after twenty-four years' experience. I commend your leg without reservation to everybody who has been as unfortunate as I have been.

Very truly yours,

M. C. BUTLER,

Ex-U. S. Senator, S. C. and Gen'l C. S. A.

---

SPOTSWOOD, N. J., August 3, 1896.

MESSRS. MCKESSON & ROBBINS:

*Dear Sirs:*—Please send me, by mail, four more bottles of *Tartarlithine Tablets* (100 each). I will also here state, in justice, that this is the most welcome remedy that has come into my hands since my beginning the practice of medicine. It has given me, in every case in which I have used it, the happiest kind of results. I have used discretion, perhaps even more than necessary, in its employment; that it be given to patients whom I believed required such a remedy or preparation, but this is just the kind that refuses to yield to the salicylates, etc., old chronic and of gouty diathesis, where there is a tendency to the calcareous deposits, etc. These are undoubtedly, or have been, at least to me, the most troublesome patients in my practice to give what might fairly be termed good results. Now these have been the very kind in which I have been using Tartarlithine with the very happiest results to patients and myself, many valuable remedies coming daily to our aid, but this has been the most welcome one to me thus far.

Yours very truly,

J. G. DENELSBECK, M. D.

---

DR. THEO. W. PEERS of Topeka, Kans., says: I desire to report two cases in which I used Papine with very gratifying results. The first case was that of a man suffering with a non-operable case of epithelioma of the left side of the face. He had been operated on by a surgeon here, but on recurrence of the disease went to a "cancer doctor," who used a paste which "burnt" out a large amount of tissue, and started up a very rapid growth of the tumor. When he came into my hands, in October, 1893, the disease was so extensive that to make him comfortable was all I could hope for. Morphine, cocaine and codein were tried, bnt with such distressing after-effects that they had to be abandoned. I then began using Papine, and two to four doses a day of a teaspoonful each kept him comfortable, with absolutely no unpleasant after-effects and with no increase in the amount given per day. The rapidity of the growth was decreased so that he lived until June, 1896, whereas, when I first saw him, I did not think he could live three months. The other case was one of probable tubercular peritonitis; I used it for six months with no after-effects, and always with relief to the patient. I know of no other anodyne that could be used for so long a time without unpleasant after-effects and without increasing the dose.—*Gaillard's Medical Journal*, September, 1897.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No. 2. BALTIMORE, OCTOBER 17, 1897. WHOLE No. 865

## Original Articles.

# OBSERVATIONS ON YELLOW FEVER AND QUARANTINE.

*By C. W. Chancellor, M. D.,*
Baltimore.

HAVING been connected with the Board of Health of Memphis, Tennessee, during the terrible epidemics of cholera and yellow fever in that city in 1866 and 1867, respectively, I am somewhat familiar with the etiology of these pestilential diseases and also with the subject of excluding them from communities by non-intercourse measures. Naturally, every prudent medical man will be guided more by observation of facts that have come under his own experience than by all the unauthentic stories of past years and past times, when people were, perchance, too blinded by their passions to look at things as they really were.

With regard to yellow fever, it assuredly has not been the case that those who were accustomed to the impure air of the place in which the disease prevailed were more susceptible to the disorder than those who had recently arrived from the pure air of the country, or from the more elevated parts of the town. On the contrary, my observation has been that those who are least accustomed to the impure air of the city, or of the infected spot, are uniformly the most susceptible of the disease. Those, too, who enjoyed the most vigorous health and the most robust constitutions, the reverse of that condition of body which would be the effect of a residence in impure air, were more readily infected when coming into the atmosphere impregnated with the *materies morbi*, or so-called contagion of the disease, than those who had remained constantly exposed to its influence.

Whatever differences of opinion have existed among physicians as to the origin of the disease, they are all apparently agreed to these facts. "Newcomers," says Dr. Gordon, "were infected with the pestilential fever, while the old, seasoned soldiers had only the common tropical remittents; and this was universally the case whenever both diseases were at the same time epidemic." A similar observation is made by Dr. Blum, at page 223 of his "Diseases of Seamen." "Infection," says he, "like some other poisons, does not so readily affect those who are accustomed to it, and therefore those who are in the habit of being exposed to it frequently escape its bad effects." With these facts and observations before us we are compelled to conclude that the impure air necessary to propagate the yellow fever does not operate by increasing the susceptibility of the system to the action of the poison introduced. On the contrary, it probably produces its effects by some chemical combination with the peculiar virus or germ secreted from the diseased body, and that thereby the *contagium*, or more properly, the infection, becomes more or less extensively multi-

plied, according to the extent and virulence of such vitiated atmosphere.

I shall not attempt to define the precise nature of the chemical union which takes place under such circumstances; but as far as I have been enabled to view the subject in connection with the facts, usually observed during the prevalence of yellow fever, I am inclined to believe that in this combination the peculiar virus of the disease is in no way changed, but multiplied; and that this multiplying power is a process very analogous to the process of fermentation as it occurs in inanimate matter. The process may properly be denominated the assimilative fermentation, as explaining the changes which take place in the living system acted upon by the virus, or microbe, or autotoxic poison of the disease. A variety of facts might, moreover, be adduced in illustration of such fermentative process taking place in the atmosphere and in watery fluids loaded with the excretions of the human body, or the exhalations from vegetable and animal substances in a state of putrefaction. Decaying vegetable matter produces congestive malaria and decaying animal matter produces the type of miasma which causes typhoid or typhus fever; and the atmosphere vitiated by a conjunction of these two poisons will serve as a medium for the spread of yellow fever, which will take place in proportion to the presence of such fermentable materials.

Facts illustrative of the fermentative process contended for have been observed whenever the yellow fever has prevailed in the United States, and it is believed that the disease has always prevailed in proportion to the presence of such fermentable materials. It is no less true that the disease has spread in the greatest degree in those seasons when the air was unusually moist. This was the case in New York in 1795 and 1798, in Philadelphia in 1793 and 1798, and in Memphis in 1867. That the yellow fever has prevailed in the United States in those seasons when the heat, combined with moisture, was most favorable to the assimilative or fermentative process, is proverbially true. It is also to be observed, as universally admitted, that the same disease has uniformly been extinguished by the approach of frost, which destroys such fermentative process. Another argument in favor of this explanation is derived from the fact that the disease has, in several instances, been introduced into our cities without extending beyond the individuals who have introduced it; manifestly owing to the active exertions of a vigilant police in preserving cleanliness of premises.

But there is another circumstance which particularly merits attention. In every epidemic visitation of the yellow fever, several days, namely, from eight to twelve, or fourteen, have generally elapsed between the first cases that appeared and the communication of it to other persons, even in the same neighborhood. This is so true that not only citizens but physicians themselves have been led to doubt the existence of the disease and to stigmatize as alarmists those who first announced the deadly visitor. I can never forget the occasion in 1867 when the physicians of Memphis assembled in order that I might announce to them the first case of the disease which I had observed in a friend living on Gayoso Street, who contracted the disease without any assignable cause. The physicians met, but declared they had observed no other fever than that they had been accustomed to observe every year, and doubted the correctness of my observations relative to the nature and character of the disease to which I had called their attention; but that accurate observer, Doctor, afterwards Governor, Blackburn of Kentucky, who had been familiarly conversant with yellow fever, as it appeared in the West Indies, was present and knew too well the pathognomonic symptoms of that disease to confound it with remittent bilious fever. He, accordingly, in the most emphatic language, replied to their doubts: "Gentlemen, within a fortnight you will all see and acknowledge the genuine yellow fever to exist in this city." The result is well known. The disease did not spread from any one focus, but broke out in fifty different places; the

progress of the epidemic was never traced from a single point of contagion to a gradual number of individuals or families. It was common to see four, six, or even eight individuals simultaneously affected without ever having approached the sick. This might have arisen from an exposure to a pestilential air; it could not have arisen from contagion.

When those who had contracted the fever in Memphis removed to the country, whether they died or recovered, not a single case was reported of the communication of the malady, even to their nearest relatives, if the latter had not been in the city. Numbers of persons passed the whole day in the city, who retired to their families either in country houses or in the nearest villages. In no case did they communicate the disease to any individual. Several families isolated themselves in their houses and employed the most exact precautions for avoiding communication with the sick, but they did not by any means preserve themselves from the malady. Those who shut themselves up in good air and who possessed the means of surrounding themselves with the conveniences and comforts of life were for the most part exempt from the disease; those who shut themselves up in the pestilential atmosphere and who had not the means of rendering their condition comfortable were sooner affected than those who mingled in indiscriminate intercourse. These facts afford the most irresistible evidence that this fever was not contagious, but infectious; *i. e.*, communicated in consequence of an impure or vitiated state of the atmosphere.

The facts which have been ascertained relative to the communication of yellow fever furnish conclusive evidence that it is not generally contagious, but depends on the qualities of the air to which the specific poison has been communicated. The history of every visitation of the disease in the United States establishes this truth. It has not only generally made its first appearance in our seaport towns, and in those places where the air is most impure; at that season of the year, and in those seasons when such impurities acquire their greatest virulence; in those houses which are most crowded with inhabitants, and where there is least attention paid to cleanliness; but wherever the disease has been conveyed to other parts of the same city or town, or into the country, it either was propagated or extinguished according to the local circumstances of the place to which it was so conveyed.

Dr. Lining, in his description of the yellow fever which was introduced into the city of Charleston, S. C., in 1732, 1739, 1745 and 1748, observes that, "although the infection was spread with great celerity through the town, yet, if any from the country received it in town, and sickened on their return home, the infection spread no further, not even so much as to one in the same house." If the disease is contagious under any circumstances, it is only so in situations where the air is confined, and the exhalations of the sick are permitted to accumulate, through neglect of frequently changing the bed and body linen of the patient.

As to the old delusion that yellow fever is brought into this country from the West Indies, or any other place, and might be kept out by quarantine, I need only say that the experiment has long since been fairly tried and has signally failed. It may be said that the quarantines were not rigidly enforced. On the contrary, the quarantines of 1793, 1818, 1821, 1849 and 1853 were most rigidly enforced, and only abandoned when they were found to be utterly useless. At New Orleans it has been found, time and again, that the appearance and prevalence of the fever are not influenced by the enforcement of quarantine laws. It has prevailed there when these laws existed, and it has failed to prevail at periods when no restriction was placed on the intercourse with infected places in the West Indies and elsewhere.

The operation of quarantines in the towns along the Mississippi River has been equally as unsuccessful as in other places. In 1819 when it became known that the yellow fever was prevailing at New Orleans, the authorities of Natchez

established a strict quarantine, which was rigidly enforced. It did not secure the object. Yellow fever prevailed in the city. Year after year it continued to make its appearance, and in 1823 the quarantine was abandoned, and the disease disappeared. In 1849, says Dr. Fenner, "A period of eight years, scarcely a year has passed without presenting a number of cases." Again, says the same writer, "In 1855 there was a rigid quarantine enforced at Natchez against boats and passengers from infected ports, and armed guards stationed on the roads leading to the city, as well as a secret police to detect any infractions of the law; yet notwithstanding all these precautions the fever made its appearance." At Vicksburg quarantine was established in 1841, but with no better success than at Natchez. The Mobile authorities enforced a quarantine in 1854 as stringent as the purest contagionist could well desire, and yet the disease broke out and prevailed to some extent. Altogether the experience of quarantine in the United States, as elsewhere, speaks little in its favor.

All our quarantine regulations are founded on the asumption that epidemic diseases are dependent on a specific contagion, and hence are intended to prevent the importation of a virus or germ, but it must be admitted by the most strenuous advocate of the doctrine that they are extremely deficient in their operation, and are not capable of fulfilling the intentions for which they were instituted.

Should we then have recourse to such quarantine regulations as now prevail in the South? Do we need any such protection? I think not. The quarantine of a city so dependent for its prosperity upon trade and commerce as Baltimore would, *me judice*, be a greater evil than the yellow fever. To be of any avail, such a quarantine would involve an almost absolute cessation of intercourse with the rest of the world; no loophole must be left whereby the disease might creep in amongst us. Is there any one who believes that this is practicable? And if we cannot accomplish this, then our imperfect measures of restriction will be infinitely more prejudicial than no quarantine regulations at all. In England all quarantines are regarded as a failure, because, as regards contagion, they allure while they deceive; they substitute false for real securities; for while aiming at effecting that which cannot be obtained, measures proper to prevent the outbreak of the disease are often, and in many places, generally neglected. They take away the most powerful motive for watchfulness when they declare that there is no danger of the appearance of the disease so long as the avenues of approach are closed.

After an experience of more than twenty years as a health officer, and after a careful examination into the character and practical working of the laws of quarantine of our own as well as those of other countries, I trust I may not be assuming too much when I say that all quarantines are encumbered with serious defects — defects which weaken their influence and retard their usefulness. While I recognize the vital importance of sanitary laws, for the internal regulation of our police, I have long ago settled the case in my own mind that the *Cordon Sanitaire*, at least, is simply a relic of superstition and ignorance, which will neither prevent nor retard the spread of any disease. No one can look with indifference on such absurd restrictions upon trade, travel and commerce as those now imposed by some of our southern cities. I believe their influence to be direful; they aggravate pestilence where it already exists in our midst, and give wings even to imported disease. I believe they have been the means of producing more deaths, ten to one, than they have ever saved lives. Proper sanitary regulations in cities and towns, administered by competent men, untrammeled by vulgar politics and party misrule, would be abundantly sufficient to protect communities at large, and would prove much more efficient in preventing the spread of pestilential disease than any form or variety of quarantine. Lamentable, indeed, is the circumstance that in this age of philosophical research, when nature is

interrogated with all the aids of previous data that such an adventurous practice should still be advocated and maintained by many of our best sanitary authorities.

I shall not stop to detail the expense of the quarantine systems, their effects on commerce in general, and the mischievous influence and power they give to despotic government. The facts adduced and the reasons urged will produce their proper effects only upon the mind that reflects upon and weighs them; but in proportion as they are considered the conviction of the soundness of the deduction to which they lead will strengthen. And surely, whether we regard the extent of the benefit to be conferred, or the amount of evil to be avoided, there is no subject which better deserves the serious consideration of the physician, the sanitarian, the merchant, the statesman and the philanthropist.

---

# OBSERVATIONS ON SOME OF THE SUPPOSED CAUSES OF INSANITY.

*By William Lee, M. D.,*
Secretary of the Lunacy Commission of Maryland.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, SEPTEMBER 15, 1897.

As we look back over the various reports of the different institutions for the insane, and recall the number of inmates recorded in each successive annual report and note the progressive increase from year to year, it becomes an established fact that affections of the brain and nervous system are rapidly augmenting over the whole civilized world; especially may this be affirmed in reference to our own country; therefore, it would seem apparent that the subject of the causation of insanity is replete with interest and deserving of the most careful study and scrutiny.

Indeed, if we bear in mind the large number of those received into hospitals for insane are reported as "causes" unknown, it becomes the duty of every medical man to give more attention to the mental and physical history of their patients, for it is only by a more clear understanding of the causes which operate in producing so crushing a calamity that those prophylactic measures which seem calculated to prevent its development can be enforced.

Before proceeding on the subject it must be admitted that the causes of insanity are often ascertained with much difficulty; the patients are generally incapacitated from assigning them, and their friends cannot always do so, at least with any degree of precision; and on many occasions, whether intentionally or ignorantly, the information given is misleading.

Primarily, the existing cause of mental disease is modern civilization, and all observations conclusively prove that in proportion to the progressive march of civilization and advancement in attainment of higher intellect, has insanity increased, and insane asylums multiplied.

*Hereditary Predisposition.* — It is a sad and striking fact that insanity itself, or a condition of the brain strongly predisposing to it, is a legacy left to many by their progenitors. In this we have afforded a lamentable exemplification of that law of nature by which parents transmit to their children, not merely the outward resemblance of feature and yet the more striking peculiarities of gait, manner and action so often observed to descend in this way, but also the physical conformation of those organs so intimately connected with the nobler powers of man—the mind, its energies and operations. Where persons have this inheritance to combat, any severe illness may hasten a disorder that may have lain dormant a lifetime; again, the extraordinary resemblance sometimes manifested in the nature of the attacks between parents and child, and their periodical recurrence, is most

striking. It is by no means unusual for the suicidal or homicidal form to develop itself for successive generations in the same family, and sometimes at the same period of life. Moreau relates the case of a man who, greatly wrought up by the events of the French Revolution, shut himself up in one room and there immured himself in profound melancholy for a period of ten years. His daughter, on reaching the same age at which her father had been attacked, fell into the same condition and remained so until her death.

While it is frequently the case that hereditary insanity becomes more and more intensified in each succeeding generation, until the race is absolutely obliterated, it is encouraging to note that, on the contrary, this heredity sometimes becomes more and more attenuated by fortunate environment and favorable marriages until it finally disappears and leaves a healthy race, and here a practical lesson could be drawn as to the ability of the medical adviser to influence patients who are the unfortunate heirs of this insane heredity.

*Ill Health.*—Ill health is well-known to exercise a powerful agency in developing many melancholy instances of a departure of healthy mode of thought, impulse and action. The evil effects in early life of too close and long continued application of the mind without proper attention to recreation and physical exercise in the open air are unfortunately not properly appreciated by either parent or teacher, and so children especially are made to pay the penalty for the undue tension of the medical faculties and thus nervous troubles are engendered.

Here also may be mentioned the ill-effects on the mind that sometimes follow in the wake of fevers (typhoid), etc. and la grippe, and this is not to be wondered at when we consider the intimate relations that exist between the brain and every organ of the body. Yet, persons strictly conscientious in all their dealings with others, and anxious to promote their own mental and moral improvement, will neglect their bodily health and violate its laws without seeming to realize that they are thereby cutting at the root of all moral and mental life and sapping the very foundation of their usefulness in this world. They are, in fact, pulling down with one hand what they are striving to build with another; for it is evident that physical health is the one condition upon which all duties and enjoyments become possible.

In addition to ill health, it has been clearly shown that age, sex, climate, season, civil condition and occupation, all play a most important part in the etiology of insanity, but it is not my purpose to consider these causes in detail. I simply desire in this brief paper to call attention to some of the important and practical and, at the same time, possibly preventable causes, that go to swell the ranks of the insane.

*Moral Causes.*—Of the moral causes productive of insanity, care and anxiety, grief, domestic sorrows, poverty, reverses of fortune, are among the most influential. There is, perhaps, no mental influence which, if examined in all its bearings and relations, exercises such a controlling power upon men in civilized countries as that arising from pecuniary condition, for upon this men base their hopes and schemes of ambition, preferment and aggrandizement. In this country certainly and in the last few years especially, though remarkable for the prodigious advancement in every department of arts and sciences, there never was a period when happiness and contentment were less generally diffused through the different classes of society.

Pick up the daily papers and the columns are teeming with suicides, homicides and divorces, etc.; sift them all and you will find they have their origin in disappointed ambition, competition and extravagances. Again, a number of cases arise from strong passion and emotions; the former influence shows its effect by slow and constant operations; the latter, sometimes at least, by sudden action so vehement as to disturb the functions of the brain and nervous system and give rise to mental derangement. Religious excitement is also a cause of mental aberration and

whereas one may question whether Christian religion ever becomes of itself a positive cause; yet it cannot be doubted that persons predisposed to insanity by constitutional, education and other circumstances may by anxieties of a future existence undermine the brain. Many a case, however, attributed to religious excitement, etc., had its origin in anterior causes; often in the want of proper moral discipline in early life, in the too great indulgence of parents, in a strong hereditary taint, or it may be in gloomy and erroneous theories inculcated in early life.

To this group may be added vicious habits of all kinds, intemperance, opium, chloral, cocaine habit, self-abuse, the excessive use of tobacco, and the careless way persons use the coal tar derivatives.

*Intemperance.*— The most important of these may be reckoned intemperance in drink, as abuse of alcoholic preparations, in the records of the various institutions, is shown to be a most active cause of mental trouble, and the most careful observation puts the percentage of cases directly due to intemperance at not less than ten or twelve per cent. Some authorities place it even higher. At the same time we hear it said, why, alcohol is not more generally used now than it was a century ago. How is it therefore possible the percentage is now so large? My friends, that this may be true, I do not doubt, but it is equally true that the average brain of today is far more easily affected by the alcoholic preparations than was the average brain in the day of our grandparents.

Again, the liquors used in those days were not such poisonous compounds as those now so often indulged in, especially at our cheap public saloons.

Look at the vast amount of ill health, loss of property, domestic difficulties, disappointments, expectations, and the mental anguish one case of intemperance has often brought upon a family; particularly in the lower class.

The study of the ill-effects of alcohol on the nervous system are too complex for me to enter into at this meeting, but we are well assured that it operates either through poisoning of the brain or by sapping vitality and producing constitutional breaking down.

In concluding this part of my paper, I wish to have it distinctly understood, that in so far as my experience goes, and I have had quite an opportunity to observe these cases, I am led to believe that persons of healthy constitution to commence with rarely become insane from the abuse of alcoholic preparations. That excessive drinking is rather an early symptom, instead of the cause of this disease. In a word, that intemperance in drink is consequent upon a congenitally unstable nervous constitution, intemperate, insane and vicious ancestors.

Tobacco and the coal tar derivatives: Of special interest is the influence of nicotine poison and the abuse of the coal tar derivatives. The habit of excessive cigarette smoking is particularly worthy of mention in this connection, first, because it permits and invites the habit of smoking in boys of tender years, who, both lacking the prudence that would keep them within moderate limit and the resistive power to nicotine that is formed in mature manhood, become readily affected by the poisonous properties of the article, and secondly, the facility with which cigarettes are obtained and used, the manner in which they are used, such as inhaling the smoke and emitting it through the nose, all combine to render this a most dangerous habit, and it is no surprise that cigarette smoking should be set down as the cause of insanity in the annual asylum reports with increasing frequency.

I have spoken of the abuse of the coal tar derivatives, but not being actively connected with asylum practice, I will not attempt to elaborate on this subject. My observation as to the growing frequency with which this drug is resorted to, and its baneful effect on the nervous system, both impels me to believe that the matter has not received the proper attention that it merits, and that when properly appreciated, legislation will be resorted to in order to prevent its promiscuous sale.

Insanity in the colored race presents a very interesting problem, and affords a most favorable opportunity to study the causes leading to this condition. That a race of people occupying the same territory as the white race should have been, up to thirty years ago, practically free from insanity; that this race under changed environments has become yearly, more and more, afflicted with the disease, until it now approaches the white race, must necessarily, when thoroughly investigated and understood, shed a very great light on the causation of insanity.

To solve this problem many theories have been offered, and speculations indulged in; these speculations have ranged from the practical to the metaphysical, from the absurd to the ridiculous. From the views of those in a position to be best informed, the alienist into whose treatment they are committed, and the intelligent country physician, who lives and practices amongst them, certain general conclusions have been crystallized.

These, briefly expressed, are, to wit: That the increase of insanity in the negro is due first to the fact that his freedom, with all that implies, was thrust upon him without any previous preparations, carrying with it responsibilities for the care of himself and family without the means of support, or the habit of self-reliance; then the reaction in itself from condition of servitude to that of freedom was a matter of such great social importance that it must have had a psychical influence upon the race. Add to all this the removal of restraint and the indulgence in every species of dissipation, especially alcoholism and promiscuous intercourse, and you have in brief adequate causes for this increase of insanity.

---

Hints in the Treatment of Children.— In administering drugs to children the following hints are suggested by the *Northwestern Lancet:* The substances most easily administered are the tinctures and alcoholic extracts in the form of drops (aconite, digitalis, belladonna, laudanum, etc.), mixed with sweet liquids, as black currant syrup, Malaga wine, currant syrup, prune juice, orange juice, licorice, coffee and sometimes distilled water.

Certain powders that are very active may be mixed in small doses with soups which the children take as daily food; thus may be used scammony, bismuth, magnesia. Powders, on account of the minute quantity which it takes for a dose, are valuable forms for the administration of drugs to children (scammony, jalap, calomel, santonin, etc.); these can be placed on the tongue, and are easily swallowed by taking a sip of water.

* * *

Intussusception; Nine Inches of Gut Passed per Rectum.—Laurent and Paley (*British Medical Journal*) record a fatal case of intussusception, the patient apparently refusing operation. A woman, aged 33, had feverish symptoms, headache and gastric trouble for a few days, when suddenly acute obstruction set in. There was intense pain in the right iliac fossa, where a tender, elongated tumor could be felt. Appendicitis or intussusception was diagnosed. At the end of a fortnight the feverishness abated and spontaneous diarrhea set in; the abdomen, previously much swollen, became flat. Nine days later a very fetid stool was passed and in it was found a sloughy mass 25 cm. (9¾ inches) long. It consisted of ileum with part of the cecum. For a week the patient did well, then vomiting and fetid diarrhea set in and death occurred a few days later. No mention of any necropsy is made. Laurent and Paley observe that this is not the first case where the free elimination of the intussuscepted gut was not followed by ultimate recovery.

* * *

Hypodermics of Water.—Persons accustomed to the use of morphia can sometimes be deceived by hypodermic injections of water, but the trick should not be played too often.

# THE HYGIENIC ADVANTAGES OF MARYLAND'S SEACOAST.

*By E. J. Dirickson, M. D.*

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT OCEAN CITY, MD., SEPTEMBER 15 AND 16, 1897.

THE history of mankind in all ages shows that there are some places upon the planet more favored than others to promote that condition of mankind called "good health," places where those who are suffering from broken health and shattered nerves can more readily regain their usual vigor and recuperate themselves from extraordinary efforts demanded of their mental and physical system. Seas and mountains, lakes and islands, various altitudes, longitudes and latitudes, have been frequented for that which is most necessary of all things — good health ; and the visits of invalids to these various sanitariums is often attended with more satisfactory results than can be attained from knowledge derived from the pages of our pharmacopeia. There are many conditions of the human frame that defy the power of drugs, and it is to these sufferers that we advise a closer communion with nature. It is to such as these that the soft, gentle breezes of secluded mountain vales, the blue skies and sweet-scented orange groves of the land of flowers, the bracing air and melting snows of Alpine regions, and the white sands washed by the murmuring waves along old ocean shore will do far more to arouse and invigorate the tired brain, stimulate the languid heart, give rest to a weakened stomach and bring the hue of health to the pallid cheek than all the science of drugs.

There is an innate longing deep-seated in humanity to commune with nature and drink from her overflowing cup exhilarating and restorating draughts, like the fabled hero of old, gathering renewed strength from every contact with earth. Many weary miles are travelled to reach distant and almost inaccessible spots, and many thousands are spent to secure that which often lies in our immediate vicinity. The whispering pines of the Carolina mountains and the rugged hills of New Hampshire have no more healing power than the ozone-laden air breathed on Maryland's seabeat shore—here in our own State, so greatly favored among all the spots of nature.

Along her coast line can be found many if not all the requirements that go to make up a perfect sanitarium. The air, the sky, the land and the water have combined together to supply all things requisite. Situated upon and extending 60 miles north of latitude 38 (which extends through the earth's most populous zone), being almost the extreme easterly point of the Atlantic coast plain south of New Jersey, having an average yearly temperature of 60 degrees ; a winter temperature of 40 degrees , and a summer one of 75 degrees, subject to no inroads of those terrible scourges that depopulate our northern and southern cities.

Isolated and yet in a measure of easy access, Maryland's coast affords almost every requisite for restoring health. The seacoast is a narrow strip of sandy land not more than twenty feet above the sea level, skirted on the west side by a shallow bay of strongly brackish water which is subject to a tidal rise and fall of several feet ; fringed upon the bayside by a sandy growth of non-producing malarial plants ; having no stagnant water contiguous to its shores, and exposed upon the east to direct contact with the ocean waves, which, during equinoxial storms, wash over and purify the sandy coast. There are no decaying vegetable products upon this well-washed shore ; no accumulation of residual forest growth. There is no pollen-laden air to irritate delicate membranes, and, if we but keep it as clean

as nature has made it, there will be no source of bacterial development.

The climate of Maryland's seacoast is about the same as the western portion of South Carolina, Tennessee, Indian Territory, New Mexico, Arizona and Lower California. Our average temperature is about the same and our rainfall considerably more. Our winters, while variable, are generally mild; our summers, with an average temperature of 75 degrees, are exceedingly pleasant and seldom is the heat or cold oppressive or severe. The humidity of our atmosphere immediately upon the seashore is very great, but being caused by a large quantity of ocean moisture, therefore it is only our easterly and southerly winds that are very moist and they, holding in suspension particles of iodine, chloride of sodium and ozone, are both strengthening and invigorating, and can be borne with advantage by the most delicate mucous membrane. But it is in our western breezes that we have a greater advantage over our neighboring States. Not having the hot sands and bogs of New Jersey, nor the stagnant swamps of southern Delaware, our westerly winds come to us neither heated nor charged with malaria, but sweet, warm and pure, fresh from the balmy groves of our spreading forest and purified by the sparkling waters of the winding Synepuxent. They make quite a beneficial change from the almost perpetual sea breeze.

The soil of our seacoast is composed of coarse sand thrown up by the waves upon land that was once heavily covered with cedar timber. This sand is from five to twenty feet deep and exceedingly porous, so much so that the water is constantly penetrating through it from bay to ocean and from ocean to bay. Below this sand there are several feet of what was once maize soil, holding in solution a large quantity of saline matter, and so well is this prepared to prevent decay that barks and seeds found in it hundreds of years old show but little change.

It is undoubtedly true that our seacoast was once much higher above the sea level than it is at present and was once covered with vegetation almost tropical in its luxuriance, but this has long since disappeared and the salt waters of old ocean are now permeating and washing the sandy soil clean.

Let us imagine that our houses and hospital wards are flooded and purified daily by antiseptic solutions, and we can form some idea of what is being done to clean and wash out our coast soil. So then we see that the seacoast of Maryland has that great desideratum—a perfectly pure and clean soil for its foundation; is washed upon both sides by waters of antiseptic properties; has no stagnant pools breathing forth carbon dioxide or breeding malarial bacilli, and is fanned by the mainland breeze from the west and the ozone-ladened air from the ocean. There is not a single source of contamination except from neglect or carelessness of those who dwell upon it. Nature has done all that can be desired and it only remains for man to be as careful in perpetuating these conditions so vitally necessary.

This is not all that can be said of Maryland's coast line. There are other very important requirements to make a health resort all that it should be—convenient market, soil that is capable of producing all the variety of vegetables that are necessary for a food supply, so that they can be easily procured in a pure and untainted condition. Fresh vegetables, fresh meats and fresh fish are equally important as fresh air or fresh water to the invalid. In all these the kind and bountiful soil of our State lying to the westward of the bay is preeminently fitted to produce our vegetables and fruits, which are unsurpassed and have a national reputation. The water of the bay and ocean teem with varieties of food fish, unsurpassed in quantity or quality, affording not only food to strengthen our bodies, but furnish sport and recreation for the tired brain. In their proper season countless seabirds visit our coast and our woods and fields afford ample scope for the hunters. Truly can we apply the beautiful lines of Moore, "Oh, if there be an Elysium upon earth it is this; it is this!"

## Society Reports.

### THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

MEETING HELD AT OCEAN CITY, MARYLAND, SEPTEMBER 15 and 16, 1897.
*(Continued.)*

FIRST DAY, SEPTEMBER 15, AFTERNOON SESSION.

CONTINUATION of the remarks of Mr. A. J. Corning, on "Substitution and Other Abuses:"

There are many changes taking place within the drug business; one of them relates to patent medicines. The day for patent medicine has gone by; it was no friend of the retail druggist. The trade is gradually being contracted into stores of its own, or into department and grocery stores. There are two or three reasons why druggists substitute. One is their ignorance of the great multiplicity of articles coming into medicine and with which druggists are unfamiliar. Another reason is dishonesty; that we condemn, of course. A third is insufficient stock. In the modern drug store, with all the demands made upon it, it is absolutely necessary to carry a very large stock of drugs and chemicals, and that can only be done by a large expenditure of capital. For instance, there are numerous makes of the same article in use. Take a prescription for an elixir in which the physician prescribes some particular make; now, we have every other brand of that elixir except the one ordered. This always occurs late at night and the customer tells us that the patient is going to die if he can not get the medicine at once. There is a temptation for the druggist to substitute. Of course it is all wrong, but is the fault all the druggist's? Now if you will give the wholesale druggists in the City of Baltimore and State of Maryland the privilege of exercising their talents to produce these elixirs, etc., the formulae for which are known to all, and instead of specifying "Mr. So-and-So's Elixir," be sure that your prescription goes to a store in which you have confidence, then if the prescription does not come out right you know who is responsible. If you call for an article that he prepares himself he is responsible and is willing to take the responsibility, and it will be an encouragement to him to produce good preparations.

I will not take up more of your time but I wish to add that we would be glad to have any or all of you attend the next meeting of the Pharmaceutical Society.

*Dr. John S. Fulton* offered a resolution that a committee be appointed from this Faculty to act in conjunction with the committee of the Pharmaceutical Association, represented here by Mr. Corning, to consider this subject and to report at the annual meeting.

The resolution was adopted and the Chair appointed Drs. John S. Fulton, C. G. Hill, C. W. Mitchell, W. F. Hines and J. W. Humrichouse.

*Dr. Lee* moved that the Society extend a vote of thanks to Mr. Corning for his address. The motion was adopted.

*Dr. E. J. Dirickson* read a paper on "The Hygienic Advantages of Maryland's Seacoast." (See page 27.)

*Dr. John S. Fulton* read a paper on "Sanitation of Seaside Resorts." (To appear later.)

EVENING SESSION.

The meeting was called to order by the President at 8.10 o'clock P. M.

*Dr. Wm. Lee* read a paper entitled "Observations on Some of the Supposed Causes of Insanity." (See page 23.)

*Dr. Charles G. Hill* read a paper on "The Stomach as a Factor in Nervous and Mental Diseases."

*Dr. E. N. Brush:* It seems to me that Dr Lee has more than covered the field we should have expected from the title of the paper. All that he has said will meet the approval of those who have had any dealing with insanity. Dr. Lee recognizes, as we all do, that it is often impossible to get histories of the patients brought to the hospitals. Take the very question of heredity, an important element in the etiology of insanity; friends will often tell us that there is absolutely no insanity or neurotic element in the family. Not

long ago a gentleman brought his daughter to me with the statement that the family history was perfect. Before the daughter recovered he brought his sister and said she had had an attack of insanity twelve years before, for which she was treated at Mt. Hope. It is hardly possible that he had forgotten this circumstance at the time of his first visit to me. Heredity is an important factor. I remember to have heard Dr. Hewston say that many of these cases were the result of the union of a neurotic family on the one side and a tuberculous family on the other and that if he had to choose between two sets of ancestors he would take a family that was insane on both sides rather than the above combination of insanity and tuberculosis. In regard to the diseases that produce insanity they may be summed up as a combination of heredity with overwork, mental anxiety or ill health of various kinds. I believe that a man or woman will stand all the disappointments of life without any danger of becoming insane if they keep good bodily health.

The relation of civilization to insanity is also an important element. Dr. Lee touched upon that point in reference to the development of the colored race which offers us such a good field for study in this part of the country. As to intemperance, I think Dr. Lee is probably right in saying that patients who become insane from the use of alcohol probably use alcohol because of their nervous derangement. I was glad to hear him touch upon the question of cigarette smoking, especially in young children ; some steps should be taken to prevent it. I have no sympathy with the newspaper stories that usually come out about it, but certainly young people, growing boys, as you see them about the street, should be prevented from obtaining them.

Dr. Hill has entered an important field of work and what we shall in time learn in that direction will probably do much for the prevention of mental diseases.

*Dr. J. C. Hemmeter:* I am under the impression that the relation of mental diseases to the diseases of the stomach is not appreciated by the general profession. I think there is an impression that the relation is more imaginary than real. That there is a pathological relation I need only cite to your memory the experiences of Schiff; by destroying the corpora quadrigemina he produced ulcers of the stomach ; that was beyond question. Ewald and Ebstein by compressing the medulla were also able to produce ulcers of the stomach. Then to speak of effects of diseases of the stomach on the brain I had in mind the work of Brieger, who isolated substances from stomachs that were dilated, a peptotoxine, which when injected into the circulation of animals caused dyspnea, rapid pulse and convulsions. Two French observers isolated a similar substance and produced the same symptoms. They also found that these substances were produced in greater quantity if the patients had taken wine, beer or alcohol of any kind.

Dr. Hill spoke of the existence of hyperacidity in a large number of cases and of anacidity occurring at times: I think I can explain the discrepancy that exists. If the salivary glands of a dog be stimulated for a long time the secretion contains less and less ptyalin, the cells become weaker and weaker, and finally the saliva contains no ptyalin whatever. If you have a condition of hyperacidity for a long time the cells may likewise become exhausted and in the same case you will later have a condition of anacidity and so you have a chance for the production of toxines. These toxines are absorbable into the blood and pass out of the system through the kidneys. If the urine is injected into a guinea pig on limited diet it is quite harmless, but put the same animal on a mixed diet and the mental condition becomes irritated, convulsions and death follow. I hope that the members of the Faculty will realize the importance of this paper.

*Dr. C. G. Hill:* I am very much indebted to Dr. Hemmeter for throwing so much light upon this subject. His remarks offer a solution of a problem that has troubled me very much.

*Dr. William Lee:* In looking over a large number of admission papers I have found many without any cause or family history given which would assist the physician in treating the patients properly. I hope the gentlemen, particularly in the lower counties of this State, where there are a large number of colored people, will look into each case carefully in regard to these points and I think it will very greatly facilitate treatment.

## Medical Progress.

The Increasing Frequency of Diabetes Mellitus.—Dr. H. A. Hare, in discussing diabetes mellitus, in the *Medical News*, says that there are certain conclusions which the profession has reached in reference to this disease. One is that the gravity of the affection is in direct proportion to the youth of the patient; another point is that after fifty years of age, and particularly in stout persons, its gravity is greatly modified; and thirdly, that the male sex is much more frequently affected than the female.

In studying the statistics of a large number of cases in private practice and hospital and in culling through all the literature, he has come to the conclusion that it is evident that the disease is far more prevalent in England and America than it was a few years ago and that it is far more common than the text-books would have us believe.

* * *

A Lesson in Thrift.—It is said of Guy, the founder of Guy's Hospital, that his private parsimony equaled his public munificence. A good story illustrative of this fact is told, in the *Medical Age*, of him in connection with Johns Hopkins, one of his contemporaries, who was nicknamed Vulture Hopkins because of his rapacious mode of acquiring his immense wealth. On one occasion he paid a visit to Guy, who, on Hopkins entering his room, lighted a farthing candle. Hopkins on being asked the reason of his visit said: "I have been told that you, sir, are better versed in the prudent and necessary art of saving than any man living, and I therefore wait on you for a lesson in frugality. I have always regarded myself as an adept in this matter, but I am told you excel me." "Oh," replied Guy, "If that is all you came to talk about, we can discuss this matter in the dark," and thereupon he blew out the candle. Struck with this example of economy, Hopkins acknowledged that he had met his superior in thrift.

* * *

The Typhoid Bacillus in the Blood during Life.—Dr. E. Bates Block, Assistant Resident Physician at the Johns Hopkins Hospital, reports, in the *Johns Hopkins Hospital Bulletin*, an interesting case in which an examination of the blood made at two different times during life showed the presence of the typhoid bacillus in cultures. Negative results were obtained from stool cultures, but in blood removed by a hypodermic syringe from a vein in the forearm and allowed to drop on an agar slant, the organism soon showed itself. At the autopsy the diagnosis was confirmed. Few cases of this kind are on record.

* * *

Eclampsia.—In the *American Journal of Obstetrics*, Potay reported nineteen cases of albuminuria of pregnancy, of which over four had convulsions and one eclampsia without albuminuria. Bar and Guyeisse have seen pathological hepatic and renal changes in thirteen fatal cases of eclampsia. Favre observed two instances of stricture of the urethra in cases of eclampsia during pregnancy.

* * *

The Treatment of Insect-bites.—Ottinger (*American Journal of the Medical Sciences*) recommends highly the use of ichthyol as an application to insect-bites, either painted on with a brush or in the form of an ointment or as an adhesive plaster containing 10 per cent. of the drug. In a few moments the pain, burning, itching, etc., cease and the swelling goes down rapidly.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, OCTOBER 23, 1897.

*Pure Water.*

THE problem of supplying pure drinking water to cities and large communities is becoming more difficult year by year, as cities grow and the country districts become more densely populated.

In most States it has become necessary to establish boards of health whose duty it is to look after the sanitary condition of the State, and all cities and towns within that State, and especially to take care of those communities unable or unwilling to take care of themselves. The abatement of nuisances, the disposal of harmful material and the in-take of good drinking water seem to be matters about which small localities know less, or of which they are less careful, than the State itself.

The town of Cambridge not long ago fought strenuously against the actions of the State Board of Health in removing certain insanitary conditions and that when the local physicians were in harmony with the State Board. More recently the city of Cumberland is having trouble with drinking water contamination and one citizen of that town has sued the town itself in order to obtain pure and wholesome water, which he maintains he has paid for. The State Board of Health has taken the matter in hand and through its secretary has made certain suggestions which, in some spirit not understood, have not altogether been approved of by the city of Cumberland.

These are two illustrations of communities which do not know what they want and resent the action of a higher power in telling them what they ought to have. The sooner sanitary bodies have arbitrary powers the better for that community, and the governing powers of cities and towns should recognize the fact that a health board trained in its work must of necessity know more and understand better what helps and what harms a community from a sanitary standpoint than the town itself.

* * *

*The Medical Societies.*

NOW that the medical societies have begun their fall work they should seek to make their deliberations as attractive as possible. One thing that would add greatly to the attendance of most societies would be prompt opening and early closing. The minutes should be read at the hour announced and the papers should be begun and cut off when the time limit has been reached. The discussions also should be curtailed to the proper length and then the whole meeting will have that snap and go about it that makes such spirited gatherings full of interest.

It is the long didactic papers that frighten away members and make the ordinary session a thing to be dreaded. As a member suggested at the first meeting of the Clinical Society, more clinical material would be interesting and instructive and the simple relation of a case with the illustration would do more to make the evening attractive than all the papers combined. Now and then a special paper adds greatly to the work and the plan adopted in some cities of having a physician or surgeon of reputation come from some other city and give in person the views which he has so often advocated in print, and meet the members, is as a bright spot in the often dull meetings. There is a tendency to multiply every good thing and the multiplication of medical societies is hardly desirable.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 16, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 12 |
| Phthisis Pulmonalis | | 12 |
| Measles | 5 | |
| Whooping Cough | 6 | 1 |
| Pseudo-membranous Croup and Diphtheria | 53 | 19 |
| Mumps | | |
| Scarlet fever | 15 | |
| Varioloid | | |
| Varicella | | |
| Typhoid fever | 11 | 9 |

The next International Medical Congress will be held at Paris in 1900.

Dr. Jacob A. Hay, a prominent physician of York, died at his home last Monday, aged 54.

The police surgeons of Washington, D. C., are not satisfied with their pay and are asking for an increase.

The death is announced from Charlestown, West Virginia, of Dr. James Logie. He was born in 1823.

At the celebration of the thirtieth anniversary of the Hebrew Hospital, last Sunday, $3100 was donated by the visitors.

Dr. Samuel P. Latane has been appointed resident physician of the Hospital for the Women of Maryland.

The *Canadian Journal of Medicine and Surgery* of the last issue contains an excellent likeness of Dr. Osler.

A progressive nurse of Portland, Oregon, offers her services at moderate rates, by the month, week, day or hour.

The physicians of New York are said to be opposed to Seth Low for Mayor, because he antagonized the Dispensary Bill.

Dr. Evans, the multi-millionaire American dentist of Paris, is desirous of founding some educational institution with his large means.

Mr. Ernest Hart, the editor of the *British Medical Journal*, has recently had his leg amputated and he is in a precarious condition.

A new hospital for epileptics has just been completed at Oakbourne, Pa.

Dr. Sanarelli announces that he has discovered a curative serum for yellow fever.

Surgeon-General Newton L. Bates of the Navy, who was appointed two weeks ago by the President, to succeed Surgeon-General Tryon, died last Monday. He entered the Navy in 1861.

Dr. J. W. McLaughlin of Austin, Texas, has been appointed to the chair of Theory and Practice of Medicine in the Medical Department of the University of Texas. Dr. McLaughlin is a man of marked ability and is a great addition to this school.

Since the Faculty has give up the Directory for Nurses, Messrs. Hynson, Westcott and Co., at the solicitation of many physicians and nurses, have opened a directory at their pharmacy, corner of Charles and Franklin Streets. Nurses may be obtained without charge at any hour of the day or night.

Dr. William H. Ford, President of the Board of Health of Philadelphia, died suddenly last Tuesday, aged 58 years. Dr. Ford was well-known throughout the country, and has been a contributor to medical journals on hygiene and sanitation. He had been a member of the Board of Health for 27 years. He was graduated from the Jefferson Medical College in 1863.

The Maryland Association of Military Surgeons was organized last Monday night at Baltimore with the object of improving the hospital service of the guard and bringing its medical and surgical service up to a standard with the regular army. The following officers were elected: President, Dr. George H. Rohé of the Fifth Regiment Veteran Corps; Vice-President, Captain R. B. Warfield, Fifth Regiment; Secretary and Treasurer, Captain J. B. Schwatka, Fourth Regiment; Executive Committee, Colonel Robert W. Johnson of the Brigade Staff; Major J. D. Norris, Fourth Regiment; Captain I. R. Trimble, Fifth Regiment; Lieutenant Sydney O. Heiskell, Maryland Naval Battalion. Rules and by-laws to govern the association will be adopted and sent to the commander-in-chief for approval. Only three regular meetings will be held each year — October, December and April. When the brigade is in the field, either for special duty or at camp, the association will act as a unit in looking after the soldiers.

## WASHINGTON NOTES.

Of the 97 deaths in the District during the past week, 51 were white and 46 colored, the death rate being 14.04 per thousand for white and 26.10 for colored.

Health Officer Woodward's report will appear in November and is the most voluminous and complete ever issued by the District. Inspection of food and disposal of refuse and garbage and preventive measures against contagious diseases are discussed at length. The statistics are of their usual fulness. The water supply is a subject ably discussed. The pollution of the Potomac water from the drainage of Cumberland demands filters for our water supply.

The Surgeon-General of the Navy, in his report of Naval Hospitals, speaks of the general health of the Washington Navy Yard as improved over previous years. In 1895 there were 165 cases of malaria treated in the hospital, most of them being remittent; this year there were 103 cases and most of them intermittent. There were 60 cases of injury treated in the surgical department. The operating room and hospital have been greatly improved and a Röntgen ray apparatus is provided for.

At the semi-annual meeting of the Medical Association of the District of Columbia, Dr. Reyburn proposed an amendment to the Constitution to the effect that any member of the Association, connected officially or otherwise with charitable medical or surgical institutions, should be considered as violating the rules and regulations of the Association by giving services gratuitously to patients who are able to pay for such services. This violation of rules and regulations would be considered unprofessional conduct, and such conduct having been satisfactorily proven, the accused would forfeit his membership in the Association.

Dr. Busey gave an interesting account of his attendance at the British Medical Association.

He lauded their form and manner, and "though never in a hurry, everything turns out just as expected." Spoke of the entertainments as lavish and abundant, of their papers and discussions as scientific, fluent, free and easy, each speaker receiving the same applause whether he said anything or not; of the city of Montreal as abundantly supplied with wealth and hospitals and free institutions. The meeting was well attended by Americans.

The Association voted for an assessment of one dollar per capita for the Rush Monument fund. This amounts to about four hundred dollars. The following gentlemen were elected to membership: Drs. Edwin B. Behrend, Archie W. Boswell, James R. Church, Henry Darling, Leigh H. French, Robert H. Graham, Monte Griffith, Alfred G. Grunwell, A. Barnes Hooe, Lincoln Johnson, George Woodruff Johnston, Albert L. Lawrence, M. D'Arcy Magee, Maurice E. Miller, Murray Galt Motter, Walter C. Murphy, William S. Newell, Jesse Ramsburgh.

Dr. N. P. Barnes of 138 6th Street, N. E., has been elected to the chair of Diseases of Children in the National University.

## Book Reviews.

Clinical Examination of the Blood. A Guide to the Clinical Examination of the Blood for Diagnostic Purposes. By Richard C. Cabot, M. D. With colored plates and engravings. Wm. Wood & Co., New York. 1897.

The appearance in the English language of a work upon the clinical examination of the blood will be heartily welcomed by the many physicians who have not a reading knowledge of French and German, since heretofore it has been to works in these languages that students have been forced to resort for information upon this most interesting and important subject. The thoroughness and painstaking industry with which Dr. Cabot has entered upon his work have resulted in his collecting together a vast amount of valuable information.

With very few exceptions his instructions as to technique are particularly to be commended.

Special attention has been given to the minor details, and the author has thus earned the thanks of workers of limited experience. Many microscopists will object, however, to the directions given upon page 7, as to the holding of the cover-glass in the preparation of the blood-film. We are of the opinion that Ehrlich's blood-forceps, or some modification thereof, will be found more satis-

factory, since a film of moisture must certainly spread over at least a portion of the lips, whenever touched by the fingers.

Again, in the second portion of the work, much space has been devoted to tables, showing the relation existing between the red and white cells, calculated on successive days throughout the entire course of the disease. It has occurred to us in looking over these tables that the same object could have been attained by giving average results. Some minor typographical errors will disappear in a second edition. On page 228, paragraph 2, tubercular "meningitis" is apparently meant. The illustrations are very good and the general make-up of the book is in keeping with the well-known excellence maintained by the press of Wm. Wood & Co. We therefore heartily welcome Dr. Cabot's book as an aid to diagnosis of no mean value, and we bespeak for it a place in the library of every wide-awake physician.

## REPRINTS, ETC., RECEIVED.

Medical Education. By Robert Levy, M. D., of Denver. Reprint from the Colorado State Medical Society Proceedings.

The Hemiplegic State and Its Treatment. By Archibald Church, M. D., of Chicago. Reprint from the *Chicago Medical Record.*

Direct Autoscopy; Kirstein. With Demonstration. By Robert Levy, M. D., of Denver. Reprint from the *Gross Medical College Bulletin.*

Fatal Hemorrhage from the Nose and Pharynx from Unusual Cause, with Exhibition of Specimen. By Robert Levy, M. D., of Denver. Reprint from the *Laryngoscope.*

Silkworm Gut as a Subcutaneous Suture in Closure of Abdominal Incisions. By Thomas S. Cullen, M. D., of Baltimore. Reprint from the *American Journal of Obstetrics.*

Exaggerated Arytenoid Movement; Anchylosis of the Crico-Arytenoid Articulation. By Robert Levy, M. D., of Denver. Reprint from the *Annals of Ophthalmology and Otology.*

Report of Operations at Private Surgical Infirmary during Season 1896-1897. By Chas. S. Briggs, M. D., of Nashville. Reprint from the *Nashville Journal of Medicine and Surgery.*

# Current Editorial Comment.

## PRE-NATAL INFLUENCE.

*Cincinnati Lancet-Clinic.*

LIKE not only begets like, but like seeks like. This is observable not only in the animal kingdom, but is also found to exist in the vegetable world. Confirmed criminals of either sex should therefore be barred from the right to sexually reproduce themselves. They are the moral degenerates and antagonists of their kind.

## BAFFLED DOCTORS.

*Kansas City Medical Record.*

CASES that puzzle skilled physicians are exceedingly rare indeed, though sometimes they do not care to make public their knowledge of the case. We may say, with some degree of certainty, that the majority of so-called cures by supernatural means are accomplished in patients where there is no pathological lesion, no real disease existing. In such cases mind cures and other fakes are as good as the best.

## MEDICAL TESTIMONY.

*Medical Standard.*

THE value of medical expert testimony rests upon its maintenance free from every intimation of bias of whatever character. It must be admitted, however reluctantly, that the history of medical testimony does not present an irreproachable record; nor will it ever do so while the rule of permitting scheming legal practitioners to place whomsoever they wish, irrespective of all considerations of qualifications, upon the witness stand for the very obvious purpose of substantiating any claim that the circumstances of the cause may permit to be set up.

## SECRET PREPARATIONS.

*Philadelphia Polyclinic.*

JUDGING from the thousands of dollars spent in advertising secret preparations to physicians, either there must be a large number of ignorant and incompetent men practicing medicine, or a strange apathy as to the honorable traditions of the profession must prevail. Either horn of the dilemma is unpleasant to contemplate. We can scarcely discern which is the "lesser evil." It is useless, however, to throw blame on the manufacturers. They adapt themselves to circumstances. The blame, whether for ignorance or for apathy, belongs to physicians, and to them alone. From them alone can come the cure.

## PROGRESS IN MEDICAL SCIENCE.

THE phosphates of iron, soda, lime and potash, dissolved in an excess of phosphoric acid, is a valuable combination to prescribe in nervous exhaustion, general debility, etc. Robinson's Phosphoric Elixir is an excellent solution of these chemicals. (See page xv.)

I HAVE been using "Gray's Glycerine Tonic Comp." quite extensively for some time with most satisfactory results. In cases of anemia, accompanied by gastric disturbances, especially of the atonic variety, it seems especially serviceable.—THOMAS HUNT STUCKY, M. D., Louisville, Ky., July 19, 1897.

PRESENT STATUS OF DIPHTHERIA.—A brochure issued by the H. K. Mulford Co. of Philadelphia and Chicago contains the latest literature on the serum treatment of diphtheria, the method endorsed by authors of text-books issued in 1896 and 1897. The widespread endorsement of their product has led the H. K. Mulford Co. to prepare this booklet, especially in view of the fact that the diphtheria season is now at hand.

A MIXTURE FOR WHOOPING COUGH.—Guaita (*Semaine médicale; Progrès médical*) gives the following formula:

℞.—

| | |
|---|---|
| Phenocoll hydrochloride | 7½ grains |
| Antipyrine . . . | 7½ " |
| Potassium bromide . | 6 " |
| Syrup of bitter orange peel | 380 " |
| Orange-flower water . | 380 " |

M.—A child eight years old may take the whole amount, in four doses, in the course of twenty-four hours.

INTRA-NASAL DISEASES.—Speaking of Unguentine, we have found it an excellent application to the nose after the removal of spurs of the septum or anterior hypertrophies by either the saw, snare or cautery. Frequently the crusty scab which forms is the source of considerable annoyance to the patient and actually delays the healing process. The frequent washing with alkaline solutions renders the tissues boggy and even then is not always effectual. A small pledget of cotton with the ointment applied to one side and placed in situ will promote a more rapid healing of the nasal tissues than any other method with which we are familiar. After a few hours a bit of the ointment may be applied frequently and the abraded surface kept comfortable as well as clean during the healing process.—*Atlantic Medical Weekly.*

A NEW BREAD.—Persons who suffer from diabetes know how tasteless and unpalatable are the inevitable bran bread and other substitutes that have heretofore been prescribed by physicians to take the place of wheat bread, and how soon they pall upon the appetite and make meal time an event to be dreaded. That such need be no longer the case diabetic patients are indebted to Messrs. Farwell & Rhines of Watertown, N. Y. These manufacturers have placed upon the bill of fare for sufferers from this disease a special Diabetic Flour which is not only free from starch and other deleterious substances, but makes appetizing and delicious bread. Special Diabetic Flour is prescribed by physicians both in this and other countries. A sample will be sent free to any one upon receipt of name and address.

THE CURATIVE AGENT IN THYROID FEEDING.—Since the introduction of thyroid feeding in the treatment of goiter, myxedema, obesity and other affections, cases have been reported from time to time in the medical press in which the remedy has occasioned serious, and even lethal, after-effects. Chemical and physiological investigations would seem to show that these unpleasant results of thyroid therapy are due to the presence of toxic substances and decomposition products in the various extracts of the gland. Hence, it appeared that if these could be eliminated and a preparation obtained embodying only the active curative principle of the thyroid gland the success of this remedy would be greatly promoted. This deduction has proved perfectly true. Acting upon this idea the late Professor Baumann, by means of an ingenious procedure, was able to extract from the fresh thyroid gland of the sheep an albuminous substance containing a considerable proportion of iodine, which careful experiments have proved to be the active principle of the gland upon which its curative action depends. A triturate of this substance with sugar of milk has been introduced under the name of iodothyrine which enables the physician to avail himself of the curative action of thyroid feeding without the risk of disagreeable or injurious effects.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No. 3. BALTIMORE, OCTOBER 30, 1897. WHOLE No. 866

## Original Articles.

# THE RECENT EXAMINATION OF THE EYES AMONG THE BALTIMORE PUBLIC SCHOOL CHILDREN.

*By Hiram Woods, Jr., M. D.,*

Clinical Professor of Diseases of the Eye and Ear at the University of Maryland, and Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT OCEAN CITY, SEPTEMBER 15 AND 16, 1897.

IN the fall of 1895, at the request of the Committee on Health of the School Board of Baltimore City, a plan was submitted to the Committee and adopted, for the examination of the eyes of the public school children. It was prepared by Dr. Herbert Harlan and the writer. In addition to preparing such a plan, we were asked to inspect school buildings, note errors in construction, furnishing, etc., and report the same. Examination of the eyes was conducted as follows: Teachers were made examiners. Test cards were prepared containing letters to be read at distances from 200 to 20 feet and smaller cards with fine print for determining the reading distance. Dr. Harlan and the writer met the principals of the schools and explained the method of obtaining visual acuity by these cards. Principals, in turn, instructed teachers and the latter conducted examinations. The accuracy with which they did this new work, and their patience in it, are worthy of commendation.

Our object was to discover, as soon after entrance as possible, the visual acuity of the children. An arbitrary standard of $\frac{20}{30}$ vision in the better eye was taken as the minimum for safe study. Children who did not come up to this were given a note stating to parents that the child's sight was below the standard and advising that an oculist be consulted. A return certificate was attached, for the examiner, that the eyes had been inspected and were or were not considered strong enough to do school work. Blanks were also prepared for recording vision—these blanks to follow the child from grade to grade through school life.

A year's experience has modified this plan in two particulars: 1. The first primary grade is omitted, as it was next to impossible to properly test the sight of such little children; 2. The return certificate has been dropped. The Board, as we understood it, did not feel justified in refusing a child admission to school because the certificate was negative, and hence the latter was a useless formality. The method is not without fault. There is no provision for objective examination and without this many important cases may escape. Again, $\frac{20}{30}$ in the better eye is too low a standard. It misses cases of hyperopia, low astigmatism — the very ones most important to detect—anisometropia and muscular anomalies. This fault was partially corrected by notifying the parents of children with such symptoms as

headache, fatigue on work, reddened lids, etc. This, however, opened the way to a great increase among the invalids, the recruits coming chiefly from the boys. It is not a safe thing to trust a boy's subjective symptoms when they may get him a week or two away from school. These "subjectives" increased the work of our dispensaries unnecessarily. It is, evident, however, from the figures following, that a number of children who need attention are not reached. During the session of 1895-1896 there were examined 53,069 children. Of these, 43 per cent. had normal vision in each eye, while in only 17 per cent. was vision below $\frac{20}{30}$ in the better eye. There are left 40 per cent., or over 21,000 children, without normal vision and with certainly some eye defect or disease. Figures for last year show the same thing; 39,241 children were examined. Sixteen per cent. fell below the standard and 52½ per cent. had normal vision in each eye. There are left 31½ per cent. with some defect. Yet all these children go on with work. They are under the best possible conditions for damaging the growing eye and have — certainly many of them—some predisposing cause. They can only be reached by the Board making provision for objective examination.

While, then, certainly not perfect, our plan has shown itself possessed of the merit of practicability. It has brought to light a great many interesting cases and secured relief and safety for hundreds of sufferers. Other observers have found its essentials useful. After submitting it, we found that Dr. Allport of Minneapolis had anticipated us, in some respects, in his work in the schools of his own city.

Examinations were begun in December, 1895. The dispensaries were soon crowded. With the force we had at the Presbyterian Eye and Ear Hospital, it was possible, at first, only to go over the cases, eliminate mistakes, and arrange for later examinations. To two classes of patients, only, do I intend calling special attention. In making the ophthalmoscopic examinations, I met scores of children with hyperopic and astigmatic refraction, turgid choroidal vessels, and hyperemic papilla. In others, there was thinning of pigment, more or less general, over the fundus, while at the edge of the papilla were evidences of a commencing crescent :— irregular outline and hazy border or positive atrophy and pigment deposit. These cases were mostly among children from 12 to 16 years of age. Some had not known of their eye defects. School work had been pushed, and symptoms, recognized when mentioned, had been either neglected, or attributed to other causes. Others had sought help through the examining optician. Most of the children had visual acuity ranging from $\frac{20}{40}$ to $\frac{20}{70}$, unimproved, or slightly bettered, till after more or less prolonged use of atropia. Others were wearing concave lenses, ordered by the optician, the defective vision and close near point having been mistaken for myopia. Several with mixed astigmatism were wearing concave cylinders. This neglect of the hyperopic meridian, in mixed astigmatism, has been noted as a common error of the optician by Dr. Risley in his article on "School Hygiene" in Norris and Oliver's System, Volume 11.

It was the more intelligent childen who most needed help. Here was the clearest proof of the wisdom of the Board in instituting the work. It was also indicative of the fact that the plan at present is incomplete. There should be a way of discovering predisposing causes before a child's diligence has structurally injured the eyes. Pain protects some children; but there is still a strong prejudice against glasses, and this pain is apt to be attributed to any handy cause rather than the eyes. Some parents, who rightly trace the head and eye pains to eye work, regard the selection of glasses as a trifling matter, and trust it to the child's sense of good sight and the optician's judgment. Neither is a safe basis. It is not infrequently necessary to blur sight temporarily for ultimate good, while the detection of total refraction error, associated muscular condition, allowance for each as cause of pain or source of

danger, the proportion of each needing correction, regulation of work in accordance with data found often combine to form a problem of no little difficulty. Sometimes the greatest complexity lies at the bottom of apparently simple cases. Refraction work in children is many fold more difficult than in adults. It is also more responsible. The next modification I hope to see in the plan is the requirement of a medical certificate early in the primary course that the eyes are in condition for school work.

Another striking class of cases was made up of children with sight too poor to allow them to safely pursue the school curriculum, and yet seeing too well to justify their attending the School for the Blind. Vision ranged from $\frac{3}{200}$ to $\frac{20}{100}$. Number 5 to number 9 of Jaeger's print was read. The usual lesions were corneal opacities, partial cataracts, congenital choroidal atrophy and myopia, with lessened acuity of vision. Some of these unfortunates were weighted down with concave lenses, one little tot, whom I took from school (having 15 dioptries of myopia, choroidal atrophy, about $\frac{5}{100}$ vision and no improvement by glasses, save a sharpening of contour of the large letters), wearing concave 10D's. Specially printed books and specially prepared curricula are needed for these children. It is only by these means that they can be safely taught.

Second from the child's standpoint, but of greater importance for those having such matters in charge, is the condition of the school buildings. Dr. Risley thinks that unexceptional school hygiene cannot prevent structural damage to the eyes from near work if astigmatism is allowed to go uncorrected. Hence the plan adopted by the Baltimore School Board correctly aims at the early detection of symptoms of ametropia. Care of school buildings should include any part of the school arrangements, a defect in which is apt to injure eyes. It demands: securing a sufficient supply of light from the proper direction; placing of blackboards so as to give them proper illumination; arrangement of seats and desks so as to make it possible to seat the children comfortably, and to allow them to do their work under normal conditions; selection of text-books with print of good size, clear and distinct in form; paper free from "dazzle," to quote the expression used not long since by a young patient in describing her geography; arrangement of the curriculum so as to allow sufficient time for recreation. All these are closely connected with the welfare of the children's eyes. Only two of them—the lighting of the rooms and the general arrangement of the furniture—came under our supervision.

Regarding the light, there cannot, as Dr. Risley says, be too much. The minimum quantity generally admitted as safe is that obtained through one foot of unobstructed window to every five feet of floor space. An excellent practical suggestion is made by Dr. Risley that normal distant vision and reading of fine print at twelve inches be possible for the healthy eye in the darkest part of the room. Light should enter a school room either from behind the desks, or almost exclusively from one side — preferably the left. It should never have its source in front of the desks. Few, if any, of our Baltimore Public Schools measure up to these requirements. Glass partitions frequently separate rooms. The partition in not a few schools is in front of the desks, immediately behind the teacher's platform. In some localities neighboring buildings so obstruct windows that light through them does not exceed that through the partitions. In one of the schools in East Baltimore the primary department occupies the basement and gas light is needed on bright days. Blackboards are not always correctly placed. Sometimes they are between instead of opposite windows, or are opposite the partitions.

In my opinion, the schools are lacking in facilities for properly seating children. Not only are the desks not always arranged to secure the best advantage from existing sources of light, but in some rooms they are too close together and are of such sizes as to make it practically impossible to properly seat

the children. A few points only in the method of seating will be mentioned. The height of the seat from the floor should equal the height of the knee space, so that the foot may rest flat upon the floor while the leg is at a right angle with the thigh. The desk should be arranged so that a slight forward motion will bring the forearm against the slanting desk edge, without the body stooping, on the one hand, or making the arms support the body on the other. This is approximately attained by measuring from seat to elbow and adding about an inch. The front edge of the seat should either be in a vertical line with the rear edge of the desk—nil distance—or should project slightly beneath the desk, two inches or so—minus distance. The rear edge of desk should never be in front of the front edge of the seat—plus distance. Not to lengthen this sketch with further rules, it is evident that a seat and desk fitted for one child will not do for another.

In our schools there are three sizes of seats and desks. They are of the average measurements for the ages of the grades and of good pattern and design, but in the same grade there are children of different ages and even children of the same age are not always of the same size. In one school I found two girls, four inches apart in height, sitting at the same desk. Last winter, after obtaining the dimensions of the Public School desks, I obtained through the kindness of my friend, Dr. Mary Sherwood, access to the measurements and ages of the girls at Bryn Mawr School. I was surprised to find how few of these children would have fitted the desks provided for them at the public schools.

In the schools I visited the desks were arranged for the most part at a slightly minus distance. There were, however, plus distances, too, and doubtless would have been more had space permitted. Fortunately, the minus distance is in the interest of space economy and the difficulty the child has in getting in and out prevents its being carried too far. The need is the adjustable single desk. It can be fixed for the child after measurements have been taken; it occupies no more room than those now in use and is as cheap.

I have already spoken of the need of a modified course for children with reduced visual acuity. With some of the scholars asthenopia persisted after correction of refraction error. The cause apparently lay in the fact that to keep up in their work demanded all their time to the exclusion of recreation and exercise, and shortening of hours for sleep. Nor was it clear that either indolence or misjudged use of time was responsible. It seemed that the curriculum demanded more than the children could properly attend to. Such cases were found chiefly among children in the higher grades of the female grammar school.

I think that our work, so far, justifies these conclusions:

1. There should be required on entrance, or soon after, a certificate from a physician or hospital of recognized standing, that the child's eye condition justifies school work. This should certainly be demanded after the school examination has shown vision to be lower than $\frac{20}{30}$ in the better eye.

2. A modified curriculum should be adopted for children whose eyes are incurably defective.

3. Adjustable single desks should be substituted for those now in use; precautions taken in selecting sites for new buildings and in their erection, for proper lighting of rooms, and defects in old buildings remedied. Many of them, I think, could be at little expense.

---

STERILITY FROM BILATERAL EPIDIDYMITIS.—Benzler reports in the *International Medical Magazine* that bilateral epididymitis did not always cause sterility and mentioned 31 cases, two-thirds of which had children, which would show that the prognosis for this trouble is not so bad as usually supposed and gloomy prognosis need not now be given on the strength of these facts.

# THE SANITATION OF SEASIDE RESORTS.

*By John S. Fulton, M. D.*

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, AT OCEAN CITY, MD., SEPTEMBER 15 AND 16, 1897.

The Atlantic coast from Maine to Florida is dotted at intervals of about twenty miles with seaside resorts. Of the more pretentious, each loudly asserts its preëminent natural advantages, but not one of the multitude owes its success, nor any other its failure, to the providence of nature. The circular literature so widely distributed by the bonifaces is very thinly veiled humbug, though deceiving no seasoned member of the migratory crowds. The seal of popular approval has not been set upon any place in recognition of its salubrity, but usually by reason of some accident or artifice, such as accessibility, or the advertised patronage of some distinguished person or social clique.

The impulse that moves the crowd cannot be expressed in terms of meteorology, though it sometimes pleases "Papa" to consult the charts.

Ninety-five per cent. of our winter flocks and our summer hordes are not in pursuit of health, but are pursued by fidgets. Those who are really world-weary or out of health seek the palaces and monasteries of animal extract, or pneumatic, or magnetic, or mud-quackery; the experience of a few seasons having destroyed what measure of faith the victims may have had in the fairy tales of climatologists.

It is doubful if the available benefits of a seaside residence are ever realized at any of the popular resorts. It is as if Nature had no bounty for a mob. The policy of the local government at such places seems, in most instances, ruthlessly bent upon subverting by art the devices of Nature. Build, build on the barren sand, build fast and loose. Let every man execute his original sanitary conceptions, good, bad, or outrageous. Occupy the land with a heedless rabble and let them defile it. Assert and reiterate that the water is good. Expand upon the rustic simplicity of the native milkmen and the innocence of their produce. Do not inspect anything, nor collect nor classify facts. In lieu of exact observations, quote vanished guests, especially the well-shekeled. Conceal with sand whatever foulness the sand will conceal and hide fevers under pseudonyms. Such is the policy of a purely speculative management. The most fortunate thing that can happen in such a place will be a grave outbreak of a communicable disease.

Sickness that can be sequestered under a false name, or labelled "imported," seldom effects any sanitary reform, but an epidemic is a revolutionary agent of resistless energy. It cuts off traffic absolutely and brands upon the brain of the luckless investor the truth which he should have known before, that his real capital was pure air, pure soil and pure water, while his lost dollars went only as tail with the hide. Those resorts which have learned this lesson earliest and most bitterly have been, on the whole, more fortunate than those who were able to make a long argument, for defeat is the inevitable outcome of such a dispute. There is scarcely a notable resort from Ocean City to Bar Harbor which has escaped a costly reckoning with outraged nature. The conditions are at most places favorable to the entrance and spread of communicable disease. An ever-shifting and irresponsible population, overcrowding, gorged excursion trains, the reckless life of the holiday-makers, inadequate sanitary accommodations, are all complicating factors not to be met with in more stable cities.

Although the seaside vacationists are not really seekers after health, they will nevertheless avoid a spot where conditions favorable to disease are known to exist, and will without ceremony vacate any place invaded by communicable disease. They are bound by no ties, they

are as fickle as the wind, as panicky as wild fowl, and yet they make or unmake the reputation of every resort. As to all questions of most moment their praise is not discriminating nor convincing; but their dispraise is damnation.

That is the wisest management, which, inviting thoughtful scrutiny of its sanitary details, bids for intelligent approval, and so guards against suspicion. Every health resort should be an exponent of the best sanitary methods, and the resources of art cannot be more profitably applied than to a wise intervention, for the good of both, between the place and the people.

To have discovered and preëmpted a wholesome spot is not enough, though it is so nearly enough as to be like finding money. Having done so much is to have at once acquired your capital. Pure soil, pure air and pure water are not crude materials to be developed, but finished products owing nothing to art, and it is a business problem *par excellence* to market such delicate wares with the least possible handling. These things are to be hedged about and defended on all sides, else the first irruption of a crowd will despoil them, for the gifts of Nature are not the charms of a drab, nor will the reputation of a seaside city come umsmirched out of a debate.

The first need of a seaside city is an active, earnest and experienced board of health. As the conditions vary from day to day there is daily work for a board of health. It should convene before the season opens, and should continue its sessions until the last hotel is closed, and properly closed. Daily, at a well-known place and during advertised hours, a capable chief health officer should be on duty. Absolute regularity and open activity will emphasize alike the healthfulness of the place, and the determination to so remain. Against a steady routine, no enemy can effect a surprise. All days will not be alike, but if ordinary operations are familiar, unusual procedures will not excite fear.

Every excursion day should be provided for in advance, as if it were an occupation by a hostile army. Extraordinary crowds should have extraordinary supervision. The sanitary regulations should have elasticity to meet the fluctuations of population, but should be inflexible against the disposition of the human animal to defile the spot which he inhabits.

Before a building is erected, it should be definitely determined whether the proposed site is suitable, and if not, whether its defects are remediable. After that the character of the building should be scrutinized in all its details, and the plan and specifications should be made to conform to predetermined hygienic requirements.

Methods of disposal of human offal and household waste are of vast importance in a seaside town. No sort of cesspit nor surface closet should be tolerated. They are particularly dangerous on sandy soil. If a water-carriage system can be operated, it should be installed and extended to as large a service as it can be made to reach. No more economical safe plan has yet been devised. For cottages and smaller houses the tight box or covered pail system, with frequent cleaning and disinfection, is the best. A box of lime should be part of the furniture of every closet, and the officer should report every oversight in this particular. The dry earth closet cannot be successfully used at any Maryland beach for lack of a supply of loam. Sand has no antiseptic or deodorant properties.

Household and kitchen waste should be removed daily. Two properly constructed receptacles should be conveniently placed near every house, and the hours for collection should be strictly conformed to by both collector and householder. I believe that all kitchen waste should be burned on the premises. With the aid of modern apparatus it can be so disposed of cheaply and without offense. For five dollars the kitchen range can be furnished with a simple contrivance which will consume all the waste of a large family, at no greater expenditure of labor than deposit in the garbage box requires. Apparatus of sufficient capacity for large hotels can be purchased and operated just as

cheaply. This plan renders the kitchen waste perfectly harmless and reduces it very much in bulk. For the removal of garbage and night-soil, carts of modern construction should be employed. They are no more expensive than other vehicles for special use, and they effect transportation decently.

Places of deposit must be selected as remote as possible from the town, and it must be regarded as a serious natural disadvantage if the dump must be placed anywhere on the sandy beach. If the material can be taken to the interior and converted to agricultural use, some part of the expense may be saved thereby, but let no hope be wasted upon any plan to dispose of this matter at a pecuniary profit.

The town should be divided into districts of convenient size, each in care of a sanitary inspector. Inspectors and scavengers should be furnished with blanks upon which to note the condition of all premises visited, and written reports of a complete sanitary survey should be turned in daily. An officer's observation should include more than the grosser sanitary sins; it should extend to unsightly collections of rubbish of whatever kind. Even if untidiness is not corrected by the Health Department, it will have a good effect upon the whole sanitary service to make note of the venial offenses.

Just one problem of constant concern to the inland town is spared the seaside sanitarian. I mean the problem of offensive trades. The only industry likely to give trouble at a seaside resort is fishing. Where the fisheries are large, quantities of offal fish are taken, and may be so disposed of as to create nuisance. It should be forbidden to bring these offal fish ashore. They can just as well be thrown overboard.

There is no room on any beach for a slaughter-house, but certain slaughtering operations are unavoidable, and should be regulated by ordinance. The killing and cleaning of fowl and the preparation of fish, oysters and crabs for the kitchen are conducted daily at every hotel. In many instances this constitutes an offensive nuisance. All this minor butchery ought to be carried on in buildings set apart for that purpose and under strict hygienic discipline. The resultant offal, with all other kitchen-waste, ought to be reduced on the premises. These rooms should be daily cleaned, and weekly disinfected. The cost of such a procedure is inconsiderable.

The practice of disinfection should not be confined to the kitchen, scullery and closets. It may with advantage, and without inconvenience, be applied to the pantry, laundry, linen rooms, and particularly to places where fresh meats, milk and butter are stored. Sleeping apartments ought to be disinfected after every guest. To sterilize a room before letting it is to guarantee a most important consideration which cannot be warranted in any other way, and to conserve the interests alike of host and guest. It is quite possible to do this effectually without keeping the room idle for more than twelve hours, and without disturbing the occupants of adjoining apartments. The sense of security bred by this practice would attract and attach guests to such houses, and in case illness should appear, confidence would not fail.

The water-supply is to the summer-boarder a paramount consideration. If anything happens to his stomach or bowels he is sure that the water is bad, no matter what else he has swallowed. If the water looks and tastes well, and nothing happens to his stomach or bowels, he is satisfied that the water is of good quality. His judgment is very liable to err in either case. If the water-supply is good, it is good, no matter what occurs to his insides; and if it is bad, it is bad without respect to his gastro-intestinal fortitude.

The purity of a water-supply depends upon three things: source, surroundings and storage. All three must be carefully protected. In populous places, open wells are always dangerous. Happily for Ocean City, they are impossible. Artesian water, if found pure at a sufficient depth, is not likely ever to be contaminated at its source. What is a safe depth can only be determined by experi-

ment, and by examination of the geological formation. Along the Maryland shore a stratum of marsh is always found at a depth of from twenty to fifty feet. Water of good appearance and taste is sometimes obtained near this stratum, but such water cannot be regarded as in any respect excellent. The borings along this eastern coast of Maryland usually proceed through sand, marsh, sand, blue clay, sand. The artesian water of the Atlantic Hotel Co. comes from a depth of 250 feet. It springs from sand, is abundant, and of excellent quality. The source is safe for all time against every infection, and it has no mineral constituents capable of injuring the human organism in any way. There is every reason why all the water-supply of Ocean City should be drawn from the same stratum. I do not believe that the water at any depth less than 100 feet can be pronounced upon with the same confidence. This deep artesian water is worth the most careful storage. It should not be kept in tanks exposed to the dust from streets, rooms or roofs, and it should be safe from the fowls of the air. A serious danger of organic contamination lies in the use of impure ice. Good ice is not everywhere obtainable, though I believe that the ice used at Ocean City is drawn from a pure source. A town which has a pure water-supply can always have an equally pure ice supply by manufacturing.

The next most important concern of the seaside city is a good milk-supply. Without systematic inspection of dairy farms, a good milk-supply to any considerable population is impossible. A thoroughly reliable dairy farmer wants his place inspected. His methods have no commercial value if they are not examined and approved. If it does not pay him to use extraordinary care he will not do it. No more would you or I. The careless milkman resents inspection, like any other delinquent, but it is as good for him as it is necessary for the consumer. Less than the utmost care in handling milk opens a door through which the most evil chance may enter as easily as the least evil, and milk is a fertile medium for the rapid and virulent propagation of evil chances. No article of human use as food is so easily infected, none so nourishes infection, nor does any so well conceal infection. The bad habits of dairymen are too numerous for rehearsal here.

First of all the herd must be healthy. The most important disease affecting dairy cattle is tuberculosis. This infection often spreads rapidly through a herd, but does not always produce marked deterioration in the quantity or quality of the milk, nor in the general condition of the cattle. It sometimes affects the udder, and tuberculosis of the udder may be carried by the milkman's hand from animal to animal. Tuberculous udders yield tuberculous milk. The danger to mankind from tuberculous milk is much exaggerated in the popular mind, but such milk is dangerous. Pus-infections of the milk-ducts are conveyed from man to beast, and by man from beast to beast. These infections often cause no discomfort to the cow, and no alterations in the gross character of the milk, but serious illness in children results from feeding such milk.

Next after the health of the herd comes the stabling and milking. Stablemen, cattle, milkman and utensils must all be clean. If one be dirty, the cleanness of the rest avails nothing. The filth of one is the corruption of all. The cleanness of the stables depends entirely on the decency and industry of the farmer. Ignorance cannot be pleaded against dirty stables.

Dirt may be ignorantly introduced into the milk from the barnyard well. Many farmers are foolish enough to drink the water at the barnyard, but about all farmers are so unwise as to wash themselves, the cattle, and the milkpail at the cattle well. In this way organisms are introduced which, if not productive of human disease, do injury to the quality of the milk.

But when we drive the farmer from his barnyard well, let us be careful that he does not have recourse to a worse supply. If the house well is bad, it is probably more dangerous than the other, since it may be polluted with

human excrement. There are thousands of such wells in Maryland, and tens of thousands of persons daily drink their own scourings. Now the intestinal germs which get into milk in this way multiply with inconceivable rapidity. A single drop of water bearing the typhoid bacillus, introduced into a can of milk, will at the ordinary temperature of a dairy house multiply by a million in the space of a summer night, and by the time the milk reaches the table every drop will be infected; and that without altering its appearance or taste. The scrupulous care given to milk at the farm must follow it to the hotel and to the table.

It would be impossible in twenty minutes to even outline the sanitary work of a seaside resort. I rather regret that it has been necessary to mention any detail, for I wish no question of mere good housekeeping to obscure the main thesis ; that but for human vileness earth were clean, and that a seaside city having pure air, pure water and pure soil, which does not reverence these chaste possessions, is unequally yoked with fortune, and may not long keep her company.

---

# THE USE OF HYDRAULIC PRESSURE IN GENITO-URINARY PRACTICE.

## WITH ESPECIAL REFERENCE TO CONTRACTURE OF THE BLADDER.

A PRELIMINARY NOTE.

*By Hugh H. Young, A. M., M. D.,*
Assistant Resident Surgeon, Johns Hopkins Hospital.

ABSTRACT OF PAPER READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT OCEAN CITY, SEPTEMBER 15 AND 16, 1897.

About 1885 Dr. Halsted began treating cystitis by intravesical irrigations—forced in by hydraulic pressure without the use of a catheter. He had found that the bladder could be irrigated in this way while using the copious irrigation treatment for gonorrhea which he introduced at the Roosevelt Dispensary, and which has since been so widely adopted.

Many cases of cystitis have been treated at the Johns Hopkins Hospital by this method with very satisfactory results, Dr. Halsted's acorn nozzle, such as is used for urethral irrigations, being held tight in the meatus while the irrigating bag was elevated sufficiently to force the solution into the bladder. We are now using a longer nozzle with more gradual conical point which we devised especially for intravesical irrigations, and it has proved very satisfactory.

During the summer of 1896, a patient was admitted to the hospital suffering with chronic cystitis and very frequent micturition. Examination showed that his bladder was greatly contracted, holding only about 40 c.c. ( ℥i ). After intravesical injections were begun it occurred to me that it might be possible to dilate the bladder by hydraulic pressure and thus lessen the disagreeable frequency of micturition.

At first only 40 c. c. could be forced in but the capacity soon began to increase and at the end of ten days the bladder held 150 c. c. and the acts of micturition were not nearly so frequent. Unfortunately I was prevented from continuing the treatment longer, though the results were very promising. The next case, however, demonstrated to a certainty the value of the method.

Case. I.—J. H., aged 65, admitted December 17, 1896, complaining of constant dribbling of urine, chronic cystitis of 30 years' standing, following rupture of the urethra, operation, etc. Cystitis became greatly aggravated six years ago, frequency of micturition increased and for the past three years has dribbled constantly—patient wearing cloths between the legs to absorb it. On examination,

CASE I.—J. H. *Cystitis*, 30 *Years' Duration.*

| DATE. | Day of Treatment. | CAPACITY OF BLADDER. Largest am't held on forced distention. | INTERVAL. Longest time between two urinations. HR. | MIN. | REMARKS. |
|---|---|---|---|---|---|
| Dec. 17 | | 30 c.c. | Drib | bling. | Admission, urine ammoniacal, loaded with pus and mucus. Constant dribbling. Clothes saturated with urine. |
| " 26 | | | | | Dilatation begun. Bichloride, 1 to 150,000, and Boracic acid, 2 per cent., b. i. d. |
| " 27 | 1 | 40 | | " | |
| " 30 | 4 | 90 | | " | Urine clearer. Reaction less alkaline. Still dribbles. |
| Jan. 6 | 11 | 200 | | " | Reaction acid. Great general improvement. |
| " 11 | 16 | 240 | | 30 | Has ceased to dribble. Urine voided every 30 minutes. |
| " 16 | 21 | 245 | 1 | | Bladder unable to expel all urine. Sixty c.c. residual. At times voids 16 c.c. naturally. Urine acid. Pus slight. |
| " 23 | 28 | 255 | 1 | 30 | |
| " 24 | | | | | Treatment discontinued. |
| Feb. 20 | | 215 | | | Treatment resumed (after a month). Urine again alkaline, voided at frequent intervals. Bladder about same size. |
| " 27 | 7 | 290 | | | |
| Mar 6 | 14 | 280 | 3 | | Bladder has been dilated from 30 to 280 c.c. Cystitis greatly improved. Dribbling ceased. Bladder, however, has very little "tone." The muscle has probably been largely replaced by fibrous tissue. At present there is a residual of 60 to 100 c.c. Great general improvement. |

CASE II.—J. T., *Cystitis*, 10 *Years' Duration.*

| DATE. | Day of Treatment. | BLADDER CAPACITY Largest am't. held on forc'd distention. | URINE. Largest am't voided at one time. | INTERVAL. Longest time between two urinations. Hrs. | Min. | REMARKS. |
|---|---|---|---|---|---|---|
| May 26 | | | 30 cc | | 30 | Admitted. Urine loaded with pus and blood, reaction alkaline. Great pain in bladder constantly present. |
| June 3 | 1 | 40 cc | 30 | | 30 | Dilatation four times daily begun. |
| " 8 | 5 | 60 | 40 | 1 | 15 | |
| " 11 | 8 | 85 | 70 | 1 | 40 | General health improved. Pain now absent. Urine clearer. |
| " 18 | 15 | 105 | 80 | 2 | | Has gained 8½ lbs. in weight. |
| " 28 | 25 | 130 | 110 | 2 | 30 | Patient greatly improved. Discharged, to continue treatment at home. |
| July 14 | | 100 | 80 | 2 | | Home treatment has lost ground somewhat. |
| " 23 | | 135 | 100 | 3 | | |
| " 29 | | 160 | 130 | 4 | | No more blood or mucus, free from pain, feels like a new man. |
| Aug. 10 | | 180 | | 4 | | |
| Sept. 23 | | | | | | Irrigations have been discontinued by patient contrary to orders for more than a month. He writes that he still holds his urine three or four hours. Has no pain; is very well. |

CASE III.—G. L. *Cystitis*, 6 *Years' Duration.*

| DATE. | Day of Treatment. | BLADDER CAPACITY. Largest am't held on forc'd dilatation. | URINE. Largest am't voided at one time. | INTERVAL. Longest time between two urinations. | | REMARKS. |
|---|---|---|---|---|---|---|
| | | | | Hr. | Min. | |
| May 30 | | | 60 c.c. | | 45 | Admitted. Suffers with severe pain in bladder. Urine voided generally every half hour. Acid, pus and blood. |
| June 5 | 1 | 80 | 60 c.c. | 1 | 10 | Systematic dilatation begun. Thompson's fluid, four times daily, given by patient himself. |
| " 8 | 3 | 110 | | | | |
| " 10 | 5 | 130 | 90 | 2 | 5 | |
| " 18 | 13 | 160 | 120 | 2 | 35 | Almost free from pain. Feels greatly improved. |
| " 23 | 18 | 180 | 160 | 2 | 55 | |
| " 27 | 22 | 195 | 180 | 3 | 30 | Cystitis greatly improved. Diarrhea and pain in prostate pretty bad. Feels greatly relieved. Discharged to continue treatment at home. One month later wrote that he was doing well—nothing heard since.<br>The symptoms of painful and frequent micturition are entirely relieved. Nothing more than alleviation could be expected. |

CASE IV.—G. B. *Cystitis*, 14 *Years' Duration.*

| DATE. | Day of Treatment. | BLADDER CAPACITY. Largest am't held on forc'd distention. | URINE. Largest am't voided at one time. | INTERVAL. Longest time between two urinations. | | REMARKS. |
|---|---|---|---|---|---|---|
| | | c.c. | c.c. | Hr. | Min. | |
| May 3 | | | 20 | | 15 | Admitted. Severe pain in bladder and penis. Urine filled with blood, pus and mucus. Strongly *ammoniacal.* Wears rubber urinal. Has voided urine every fifteen minutes for two years. |
| " 5 | | 22 | 20 | | 15 | Dilatation begun every four hours. Thompson's fluid. |
| " 8 | 3 | 50 | 20 | | 18 | |
| " 15 | 10 | 94 | 40 | | 25 | Injected with tuberculine. No reaction. |
| " 21 | 16 | 115 | 70 | | 45 | Improvement has been rapid. Pain entirely gone. Appetite ravenous. One irrigation, silver nitrate, 1 to 400, daily, followed by Thompson's fluid. |
| " 29 | 25 | 130 | 105 | 1 | 10 | |
| June 10 | 37 | 170 | 120 | 2 | 10 | Urine *acid.* Very little sediment. No blood. |
| " 20 | 47 | 190 | 155 | 3 | | Urine acid. |
| " 29 | 56 | 250 | 190 | 4 | 25 | Feels like a new man. Can now walk about town for four hours without desiring to urinate—is entirely free from pain. Urine is almost clear. Acid in reaction.<br>Discharged to continue dilatation at home. |
| July 15 | | 225 | 150 | 3 | 35 | Home treatment. Lost ground while traveling. |
| " 21 | | 275 | 190 | 3 | 30 | |
| " 29 | | 340 | 260 | 5 | 30 | |
| Aug. 9 | | 370 | 260 | 6 | | |
| Sept. 30 | | 365 | 280 | 4 | 30 | There is still some pus in urine, but patient feels perfectly well. |

the bladder was found to hold only 30 c.c. ( ℥i), urine ammoniacal, full of pus and mucus. Intravesical irrigations begun, hydraulic pressure maintained as long as patient could stand the pain it produced. The tabulation shows the progress of dilatation.

CASE II.—J. T. aged 41, admitted March 26, 1897, complaining of painful and frequent micturition, chronic cysti-

tis ten years. Voids urine generally every fifteen minutes. Suffers constant pain in bladder. Passes large amounts of blood. Examination. Bladder holds 30 c. c. ( ℥ i). Urine passed every 20 or 30 minutes. Alkaline, full of blood and pus. Dilatation treatment. Boric acid or Thompson's fluid irrigations without catheter four times daily. Chart shows progress.

Case III.—G. L., aged 28, Old Pott's disease, cystitis six years' duration. Urine voided every 30 or 40 minutes. Bladder contracted, holds only 60 c. c. Urine acid, much pus and blood. Chronic diarrhea with mucous and blood, very tender rough prostate. Reacts to injection of tuberculine. (Probably has tuberculosis of prostate and intestine, manifestly little hope of permanent relief.) Forced dilatation without catheter was followed by surprisingly satisfactory results, as shown in table.

Case IV.—G. B., aged 40, chronic cystitis (following gonorrhea), of fourteen years' duration. Great frequency of micturition, has voided urine every ten to fifteen minutes for two years, both day and night. Wears a urinal by day. Suffers severe pain in bladder, incapacitating him for work. Is perfectly miserable. Examination. Bladder holds only 20 c. c. naturally, and on forced painful distention only 22 c. c. Prostate not enlarged. Urine strongly alkaline, large clot of mucus, also blood. Table shows improvement under dilatation.

It is now five months since patient entered hospital with one of the worst cases of cystitis I ever saw. He is now devoid of all symptoms of cystitis except presence of pus, which is often present for years after apparent cure of cystitis.

When great intravesical pressure is exerted will any of the fluid pass up the urethra and thus cause dangerous infections of the kidneys? That this does not occur I have found by forcing nearly two quarts of a solution of methylene blue into the bladder of a cadaver, and find, on section, the ureters nowhere stained by the solution, while the bladder was a deep blue color. In none of the cases treated has there been any evidence of ascending infection.

It is easy to irrigate the bladder without a catheter through very tight strictures, and in cases of very large prostate. In a case of extradural abscess with tight stricture and very difficult micturition, I was able to dilate stricture considerably and greatly relieve difficulty of micturition by simple irrigations with hydraulic pressure of seven feet.

The possibility of benefiting an atonic bladder by alternate distention and evacuation—a form of massage, so to speak, for the weakened muscle, is shown in two cases, both recovering from paraplegia, one bladder distended and requiring catheterization, the other contracted and dribbling, both regaining power of voluntary control and power of expulsion after a few weeks' treatment.

*Technique of Irrigating Bladder without Catheter.*—Articles used: A fountain syringe with eight foot tube, a short conical nozzle. (Hynson & Westcott, Baltimore, have kindly offered to keep in stock the nozzles made for me.) A pole or other apparatus for elevating or lowering the irrigating bag, oil cloth and tin basin. Technique: Patient on back; oil cloth over bed or lounge; small basin between thighs. Take penis in left hand, retract foreskin, let fluid play on glans penis, then back and forth in urethra to cleanse it. Then crowd tightly into meatus, holding penis behind corona between thumb and index finger. Raise bag to seven feet. When sphincter gives way and fluid begins to flow into bladder, lower bag to five feet, and (in cases of contracture of bladder), continue to force fluid into bladder until considerable pain is felt by patient, then withdraw nozzle and allow fluid to be voided. In most of my cases the patients conduct their own irrigations, often unassisted.

Solutions used: Bland fluids are most satisfactory. Thompson's fluid or boracic acid, two per cent. being the best, given four or five times daily, one quart each time. It is well to use once daily a stronger antiseptic solution, e. g., silver nitrate 1 to 500, or bichloride of mercury, 1 to 150,000, to be washed out by

boric acid or Thompson's. No internal treatment except citrate of potash where urine is very acid.

The effect of forced dilatation is probably as follows :

The individual bundles of contracted fibrous tissues are separated or loosened, allowing increased vascularity. Folds and pockets of mucous membrane are smoothed out, irritating secretions washed away. Ulcers are stretched and cracked as external ones are by scarification, allowing new blood vessels to grow out. The bladder muscle is exercised, its tone restored. The mucous membrane cleaned, stretched and newly vascularized, is given a chance to throw off the inflammation.

One of the most striking features of the treatment is the rapidity with which they improve. Pain present for years may disappear in a few days, pus and mucus rapidly decrease, and strongly ammoniacal urine may become acid in a short while. The relief afforded makes them the most grateful patients I have ever seen. And yet, one of the latest text-books on Genito-Urinary Surgery says : The theory that the capacity of an inflamed bladder can be increased by dilatation is contrary to physiology and anatomy. To attempt by forced injections to relieve frequent micturition cannot be too strongly condemned.

## Society Reports.

### THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

MEETING HELD AT OCEAN CITY, MARYLAND, SEPTEMBER 15 and 16, 1897.

*(Continued.)*

THURSDAY, SEPTEMBER 16, MORNING SESSION.

THE meeting was called to order by the President at 10 A. M.

*Dr. Hiram Woods, Jr.*, read a paper entitled " The Recent Examination of the Eyes Among Baltimore Public School Children." (See page 37.)

*Dr. S. J. Fort :* It has been my duty recently to inspect some of the schools through Howard County and I have been very much surprised to find many of the requirements of the public schools of the city ignored in the country. The condition of the children seems to be more defective than that of similar aged children in the city. Whether it is the result of the better hygiene of city schools and the difference in diet, etc., at home, I am not able to say.

The blackboards are usually placed at one end of the room, the darkest if possible, and the desk and chair remind me of two packing boxes, one on end for the desk and the other on its side for a seat. I was surprised to find such a number of children in our district suffering from headache, but I do not know whether this is entirely due to eye strain or not, for the accommodations at most of the schools are so poor that consequent lack of attention to personal habits may have something to do with the headaches. The placing of adjustable seats in the schools and the use of proper kinds of type and paper, etc., would necessitate heavy expenditures and the school commissioners would be inclined to combat it, but it should be insisted upon, nevertheless, and this Society should put the seal of its approbation upon the work that has been done to secure better conditions for the children.

*Dr. S. T. Earle :* In view of the importance of this subject it would be well to lend our assistance by referring these recommendations to the school board. I think it would give support to the committee.

*Dr. John D. Blake:* I am under the impression that Drs. Harlan and Woods have already made a report to the school board, for the board secured their services in order to ascertain the exact status of the eyesight of the children, but they would be glad to receive any additional reports that this committee may have to make. Any of their suggestions that are practical will be put into operation so far as the board can do so. Many of the things they suggest are plainly needed, but circumstances over which we have no control prevent their adoption. Persistent agitation of the question will probably enable the board to adopt all the valuable suggestions made.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, OCTOBER 30, 1897.

THE care and attention which children receive at the present day as compared with fifty years ago is not only very praiseworthy but is an evidence that the true principles of early training are much better understood and executed now than formerly. It was a long time before the most educated ever thought that the apparently stupid child and the nervous child with headaches was in reality suffering with defective vision and was either too ignorant or too timorous to tell the true state of affairs.

*The Eyes of School Children.*

The work of Dr. Woods and Dr. Harlan has brought out some very satisfactory results and it only shows with what apparent ease such a gigantic task as the examination of the eyes of over 53,000 children was accomplished with the intelligent assistance of the principals and the teachers. While the results are not faultless they have proved of inestimable service, as a future examination will prove.

Of the 53,000 examined, over 9000 had defective vision, which is about one-sixth, or about seventeen per cent.; while Dr. Allport, in the 23,000 examined by him in the schools of Minneapolis, found over 7000 defective eyes, or one-third, or about thirty-three per cent. In many cases the defects were slight and soon corrected by the help of the oculist and optician, while in some cases the child was removed from school. In a recent number of the *Medical Record*, Dr. Carhart outlines a plan for the examination of the eyes of the New York School children, which would be an immense undertaking.

The School Board of Baltimore made a very wise move when it suggested these examinations to be made.

* * *

THAT all men are mortal and will eventually die at some time is a self-evident statement. For this reason it has often been suggested to take the average rate of mortality and insure all who wish it without a medical examination. Indeed in the early days of life insurance the applicant used to appear before the board, which was not composed of physicians, and was looked at and asked a few questions and then accepted or rejected as that board saw fit. The experiment recently tried in Germany of compulsory insurance has not gone far enough to admit of deductions.

*Medical Selection in Life Insurance.*

Dr. Brandeth Symonds goes over in the *Medical Record* in a very interesting way the principal points on which risks for life insurance are considered. The fact that unsuspected lesions in some organ are so often first discovered in a life insurance examination shows the importance of this safeguard. Many a man who thought he was in good health is brought up against the surprising statement that his urine contains sugar or albumen, or that his heart is abnormal.

In many of these instances common sense can help the physician and the company much more than cold science and a skilful diagnostician without judgment. The irregular heart may be caused by excitement. The reducing substance in the urine may be creatinin or alkapton and not sugar. Certain occupations exclude insurance even with the best examination.

Taking all things into consideration the medical examiner is a necessity and the more careful the examiner the safer the company from a medical standpoint.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 23, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 6 |
| Phthisis Pulmonalis | | 20 |
| Measles | 7 | |
| Whooping Cough | 4 | 1 |
| Pseudo-membranous Croup and Diphtheria | 85 | 16 |
| Mumps | 3 | |
| Scarlet fever | 10 | 2 |
| Varioloid | | |
| Varicella | | |
| Typhoid fever | 10 | 6 |

Dr. Joseph Schell of Frederick, Maryland, is dead.

The State Examining Board of Maryland will hold its next examination on November 3, 4, 5 and 6, 1897.

The Agricultural Department at Washington is now investigating the extent and character of food and drug adulterations.

Dr. Edward W. Lowman is dead at Hagerstown of consumption, aged 27. He was graduated from the Baltimore Medical College in 1893.

Dr. Joseph H. Branham has opened an office in the "Severn," corner of Mt. Vernon Place and Cathedral Streets. He still retains his office and residence at Edmondson and Arlington Avenues.

The new University Hospital of the University of Maryland was formally opened last Wednesday night. After the invocation an address was delivered by Dr. S. C. Chew, followed by remarks by Dr. Wm. Osler. A collation was served.

The new Hospital for the Relief of Crippled and Deformed Children was formally opened last Wednesday at its new building, 2000 North Charles Street, Baltimore. Drs. R. Tunstall Taylor, N. E. B. Iglehart and Grimes are the physicians in charge.

The portrait of Professor A. B. Arnold of the College of Physicians and Surgeons of Baltimore was presented with appropriate ceremonies last week to the Medical and Chirurgical Faculty by the Alumni Association. Addresses were made by Dr. Friedenwald, Ellis and others and an informal smoker followed.

The President of the United States has appointed Medical Director W. K. Van Reypen to be Surgeon-General of the Navy, to succeed Surgeon-General Bates, deceased. Dr. Van Reypen is at present a member of the Board of Inspection and Survey, which office he has held since 1894. He was appointed to the Navy from New Jersey as an assistant surgeon in 1861, so his service carried him entirely through the civil war, wherein he made a fine record. He attained his present rank of Medical Director in March, 1895, while stationed in Washington. For several years he was Fleet Surgeon of the Pacific Station, and came around the Horn in the flagship San Francisco with the White Squadron on its memorable cruise to the naval review in New York. Dr. Van Reypen comes to his office well equipped, having served as assistant to the Surgeon-General here from 1884 to 1892.

The October meeting of the Baltimore County Medical Association was held last week in College Hall, Towson, Dr. Jackson Piper president, and Dr. L. Gibbons Smart secretary. The other members present were Drs. William Lee, W. J. Todd, T. C. Peebles, H. L. Naylor, B. R. Benson, J. E. Benson, B. F. Bussey, T. C. Bussey, H. B. Stevenson, W. E. P. Wyse, G. M. Bosley, R. C. Massenburg, William A. Mills, John R. Winslow, J. H. Jarrett, Charles G. Hill, H. S. Jarrett, J. C. McCurley, H. Richardson, E. E. Jones and Dr. Gundry. New members were elected as follows: H. L. Naylor, third district, and Thomas K. Emory, tenth district; George Y. Everhard, associate, and Dr. S. K. Merrick of Baltimore, honorary. A paper on "A Depressed Fracture of the Skull," was read by Dr. W. E. P. Wyse, which was discussed by Drs. Naylor, B. R. Benson, Peebles, Gundry and Hill. A paper on "Convulsions in Children" was read by Dr. William Lee, and discussed by Drs. Peebles, Bosley, Mills and Piper. A committee composed of Drs. Smart, J. H. Jarrett and Hill was appointed to prepare a paper on the death of Dr. Robert B. Morison, who was an honorary member of the association. The November meeting will be held at the house of Dr. Peebles, at Lutherville.

## WASHINGTON NOTES.

THE attending staff of the Emergency Hospital are having a hard time devising a plan to keep their names out of the daily papers. They have taken the precaution to call a meeting of the staff, and enforce an old rule to prevent reporters from connecting their names with cases reported to the daily press, "because it is contrary to the ethics of the District and American Medical Associations, of which they are members." And strange as it may seem, the dreadful reporters had an elaborate account of their meeting in the next issue of the paper. One member expressed himself thus: "The staff has always been in touch with the press, and there is no desire whatever to keep the news from its representatives; on the contrary, every facility will be given them to collect the news. It is the desire of the staff, however, that their names be not used, as it is contrary to the rules and regulations of the District Medical Association, of which the staff are members."

Improvements are being made at the Howard University to accommodate the large class in the Medical and Dental Departments this year. The first floor of the college is being arranged to use for an infirmary, which will be open every day from 2 to 5 P. M., under the management of the demonstrators. The pharmaceutical and histological laboratories are receiving much needed improvement.

There were five deaths from diphtheria last week and thirteen new cases reported, thirty-one released from quarantine and thirty cases still under treatment. Of scarlet fever twelve new cases were reported; one case was declared to have recovered, leaving thirty in isolation.

## Book Reviews.

A SYSTEM OF PRACTICAL MEDICINE; By American Authors. Edited by Alfred Lee Loomis, M. D., LL. D., Late Professor of Pathology and Practical Medicine in the New York University, and William Gilman Thompson, M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the New York University; Physician to the Presbyterian and Bellevue Hospitals, New York. Lea Brothers & Co., New York and Philadelphia. 1897.

Volume II of this admirable work maintains a high standard and the editors have secured the coöperation of a thoroughly representative corps of writers.

The diseases of the respiratory, circulatory and genito-urinary systems are fully considered, as well as those of the blood.

The late Dr. Loomis has contributed the article on endocarditis.

The articles on the blood are written by Dr. F. C. Shattuck and Dr. Richard Cabot, the latter the author of the well-known monograph. They are very full and up to date.

This system differs from Lea's former system, edited by Pepper, in containing a number of valuable illustrations. It is a work which should be in the library of every physician as the most comprehensive and authoritative work in American medicine.

---

TO MEET the demands of a growing class of physiologists whose opportunities for scientific work and publication is limited, it is proposed to start a special journal to be called the *American Journal of Physiology*. It is expected that not more than one volume a year will be printed. The *Journal* will be edited by H. P. Bowditch, M. D., Boston, R. H. Chittenden, M. D., New Haven; W. H. Howell, M. D., Baltimore; F. S. Lee, M. D., New York; Jacques Loeb, M. D., Chicago; W. P. Lombard, M. D., Ann Arbor; and W. T. Porter, M. D., Boston.

It will not be a financial success for a long time if it ever is, but the need of such a publication is undoubted. The aid of all friends of learning is asked until the *Journal* shall be established on a self-supporting basis. The subscription price, which is five dollars per volume, should be sent to W. T. Porter, M. D., 688 Boylston Street, Boston, Mass.

## REPRINTS, ETC., RECEIVED.

Arsenical Neuritis, with the Report of a Case Occurring in a Lad of Five Years. By Alfred Stengel, M. D., of Philadelphia. Reprint from the *Archives of Pediatrics*.

Bellevue Hospital Medical College of the City of New York. 1897-1898.

The Relation of the Science of Medicine to Public School Education. By John Preston, M. D.

Fifty-seventh Annual Announcement of the Missouri Medical College. 1897-1898. St. Louis.

Antitoxines, etc. The G. F. Harvey Company. Saratoga Springs, New York.

Sixteenth Announcement and Catalogue of the Woman's Medical College of Baltimore. 1897-1898.

A Case of Pulsating Pleurisy. By J. N. Hall, M. D., of Denver. Reprint from the *Medical News*.

The Pre-Apoplectic State and other papers, by Ephraim Cutter, A. M., LL.D., M. D. Price twenty-five cents.

The Physical Signs of Acute Bronchitis. By J. N. Hall, M. D., of Denver. Reprint from the *Medical Fortnightly*.

The Babies' Wards of the New York Post-Graduate Hospital. By Henry Dwight Chapin, M. D. Reprint from the *Archives of Pediatrics*.

Medio-Bilateral Lithotomy. By Charles S. Briggs, M. D., of Nashville. Reprint from the *Nashville Journal of Medicine and Surgery*.

A Plea for a Uniform Diastase Test. By C. C. Fite, M. D., of New York. Reprint from the *Journal of the American Medical Association*.

Operative Indications in Appendicitis. By Charles S. Briggs, M. D., of Nashville. Reprint from the *Nashville Journal of Medicine and Surgery*.

Non-Venereal Syphilis. By Henry Alfred Robbins, M. D., Washington, D. C. Reprint from the *Journal of Cutaneous and Genito-Urinary Diseases*.

Cheyne-Stokes Respiration Phenomena. By N. S. Davis, Jr., M. D., of Chicago. Reprint from the *Journal of the American Medical Association*.

Is there ever a Serous Iritis without an Involvement of the Ciliary Body, or Choroid, or Both? By William Cheatham, Md., of Louisville. Reprint from the *Ophthalmic Record*.

The Cardio-Vascular and Renal Relations and Manifestations of Gout. By N. S. Davis, Jr., M. D., of Chicago. Reprint from the *Journal of the American Medical Association*.

History of a Case entitled Five Years Previously a Piece of Steel was Successfully Removed from the Vitreous Chamber by means of an Electric Magnet. By Charles A. Oliver, M. D., Philadelphia. Reprint from the *American Journal of Ophthalmology*.

# Current Editorial Comment.

## LABORATORY WORK.

*The Journal.*

It is objected that laboratory work in medicine has become a specialty, and that it should be entrusted to the specialists in medical colleges, hospitals and boards of health. So far as advanced work is concerned this is true, and it is very desirable that laboratory specialism be recognized and duly encouraged. But there is no excuse for a physician who does not prepare himself to do the work demanded in routine daily practice. It would be quite as reasonable to argue that since there are cosmopolitan specialists in surgery no practitioner should open a boil.

## ROUTINE THERAPEUTICS.

*Medical Brief.*

After you have put a man through your routine treatment and he fails to get well, do not tell him medical science has done all it could for him, and he would better try another climate, some health springs, etc. Such a course is mere shrinking. Conclude, rather, that your routine is not suited to all and individualize your cases. Study up each one on its merits. Doubtless there are many excellent drugs which have served other physicians well, but which you have never tried because you had your regular routine. A routine has its advantages, it saves time and thought, but it is sometimes an obstruction in the path of progress.

## SPELLING REFORM.

*Lancet.*

The simplification of nomenclature would lessen the temptation the student has to attach himself to a treble-barrelled verbal curiosity rather than to gain an insight into the thing itself, and this alone would make for good. But seriously, the time spent in learning the meaning of medical terms is labor which ought to be reduced to a minimum. Each science has its own phraseology —a phraseology which its votaries must acquire and understand; but this ought at least to be made as easy and simple as possible. Consequently, although the dreams of the spelling reformer are usually Utopian, we cannot but sympathize with the efforts of those who draw periodical attention to the muddles in the spelling of the medical vocabulary.

## PROGRESS IN MEDICAL SCIENCE.

WALKER-GREEN PHARMACEUTICAL CO.:—I have had an unusual influx of cases of late requiring your pharmaceutical preparations. I have used your Bromides for tinnitus aurium with excellent effect, by pushing it in double doses. I am using the Iodides on a man from Allen County, Kansas, with chronic trachoma and pannus. He is well broken out and says his sight is much clearer when most erupted; also, on a case in this city of plastic iritis, with much effusion and cornea—the Iodides have done wonders for the young man. He was totally blind for three months, but now sees to read, and is now serving as office boy for me. I am also giving the Iodides to a lady suffering from atrophic rhinitis. She says she feels a hundred per cent. better in every way since commencing the medicine. My faith in your preparations has been strengthened immensely since these cases have presented that enabled me to personally see the effects of them. The Elixir Six Iodides is worth its weight in gold.—WM. CLARENCE BOTELER, M. D., U. S. Indian Service; Late Professor of Diseases of the Eye and Ear, N. W. College, St. Joseph, Mo., and Professor of Ophthalmology, College of Physicians and Surgeons, Kansas City, Kans.

---

HYDROZONE FOR DISORDERS OF THE GENITO-URINARY TRACT.—Dr. John Aulde of Philadelphia (*Medical Times and Register* of Philadelphia, Pa., December 5, 1896) states that about eight years ago he was forcibly impressed with the value of Peroxide of Hydrogen in a protracted case of gonorrhea. The disease had persisted for three months despite the treatment of several attendants, there being a constant discharge, and in addition there was an orchitis present, the left testicle being about as large as a baseball. Treatment consisted of the local use of injections of equal parts of Peroxide of Hydrogen and moderately warm water, used at intervals of four hours, these injections being followed by a solution of arsenite of copper containing one milligram (one 65th grain) to the drachm, diluted with an equal quantity of hot water. The author advises treatment for non-specific urethritis and gleet, but as Hydrozone is much stronger (2 times) than the Peroxide, and perfectly harmless, he gives it the preference. In vaginitis and vaginismus this treatment is of especial value. The treatment heretofore recommended by physicians, consisting of hot vaginal douches, either with or without some alkali, as sodium bicarbonate, followed by the injection of a small quantity of Peroxide of Hydrogen (medicinal) in warm or cold water, is superseded by the single application of a hot solution of Hydrozone, one part in eight. The author believes Hydrozone to be the best remedy for cystitis occurring either in the male or female. The bladder should be washed out with the solution (one to eight) a small quantity being used at first in chronic cases, owing to the painful muscular contractions following the withdrawal of the solution. The amount can be gradually increased. (A double current hard rubber catheter should always be used for that purpose.) In gonorrhea, gleet and cystitis, the local treatment is oftentimes aided by the internal administration of hourly doses of calcium sulphide, one-tenth of a grain.

---

DEFICIENT LACTATION.—IT is a matter of common observation that breast-fed infants escape many of the perils that menace the health of children nourished on cow's milk or artificial foods. In cases of insufficient lactation, where the milk is deficient in nutritive elements or is secreted in scanty amount, it is frequently advisable to attempt to improve the quality of the milk by improving the mother's nutrition, if she be otherwise healthy, before resorting to artificial feeding. To accomplish this a concentrated, readily assimilated nitrogenous product must be added to the diet and nothing has been found so well adapted for this purpose as Somatose, which contains the albumins of meat in a form which insure their immediate absorption and assimilation.

---

D. T. HUDGENS, M. D., Elizabeth, Ark., says: I have used S. H. Kennedy's Extract Pinus Canadensis in leucorrhea with very good results. I have under my treatment Mrs. S., age 33 years, for leucorrhea, with anteversion of the uterus. I used the White Extract per vagina as a local treatment for the leucorrhea, and the treatment was attended with success. I am satisfied that Pinus Canadensis should occupy a prominent position in our materia medica.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No. 4. BALTIMORE, NOVEMBER 6, 1897. WHOLE No. 867

## Original Articles.

# SYPHILIS OF THE THORACIC ORGANS.

*By Henry Alfred Robbins, M. D.,*
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY ON MARCH 9, 1897.

TWELFTH PAPER.

THIS colored child, aged eleven years, makes the sixth that I have shown you in the last three months, who is suffering from acquired syphilis. On examination you notice, on the left labia majora, an indurated papular chancre. The parts are not swollen, and no marks of any violence exist. There is no precocious development, and you notice that the mons veneris is devoid of hair. There is a well marked bubo in the left groin, and well marked macular eruption over the abdomen. You will find on examination induration of the submaxillary, post-cervical, sub-lingual, post-auricular and epitrochlear glands. She has opaline mucous patches in her mouth, and she has alopecia, and she complains of nocturnal headache, and pains in her joints.

Before dismissing the patient, Dr. Arwine will take her aside, and perhaps, with his customary tact, can obtain a history of how the child acquired the disease. He has returned alone, and says that this child, who is only eleven years old, has for the past two years allowed boys of all ages to attempt the sexual act with her. Some, she said, were sixteen and twenty years old, and these disgusting scenes occurred two or three times a week. It is not my purpose at the present time to dilate on the frightful lack of morality that exists among certain classes at the National Capital.

The best informed know that our patients are the poorest of the poor, lacking in food and raiment, and fuel to keep them warm. Still they will struggle to pay five or ten cents for medicines, showing that it is a base libel on the really deserving poor, to state that they are not anxious to pay. We weep over the sufferings of the poor in our comfortable pews in a fashionable place of worship, as it exists in foreign capitals; while under the shadow of the dome of our own capitol, there exists more want and disease and immorality than Eugene Sue described in his "Mysteries and Miseries of Paris."

Before resuming the subject of syphilis of the internal organs, I can not refrain from quoting the following, which I have just read in the *Medical Record* of February 27, 1897: "A good story is told of a rich manufacturer of foot wear and a poor (*i. e.*, in the sense of not being rich) physician of a well-known European city. Mr. X. had a maxillary tumor, which, according to the *Journal de Médecine de Bruxelles*, a surgeon had agreed to remove for the

sum of 14,000 francs. All was in readiness, when an intimate friend urged him to defer the operation until he could consult the young man who was fast gaining a reputation. Mr. X. consented. An antisyphilitic course of energetic frictions and large doses of the iodides was entered upon, with such success that in a very short time the tumor had disappeared. In the meantime the young physician, thinking to patronize those who came to him, ordered at the establishment a handsome pair of shoes. On the first of the year the physician sent in his bill for 30 francs for the six office visits paid him. By return mail his bill came back, enclosed with one for 50 francs for the shoes. The question is, whether the patient would not have made the surgeon a present of the shoes if he had been cut 14,000 francs' worth."

We have called your attention to syphilis of the brain, and of the organs of sight and hearing, and of smelling, and of taste. Likewise we have taken up the buccal cavity and the pharynx and larynx. Now let us take up the lungs. Lammonier nearly a century ago described the existence of phthisis pulmonalis of a syphilitic character. Then followed a long series of years when syphilis was not recognized as attacking the internal organs, probably owing to the teachings of John Hunter and Sir Astley Cooper, who did not believe in any visceral complications of syphilis. Sir Astley and Edward Jenner were the pet students of Hunter, and naturally endorsed whatever the great physiologist taught. Sir Astley in his lectures on surgery taught "that some parts of the body are incapable of being acted upon by the venereal poison, such as the brain, the heart and the abdominal viscera." Indeed he writes: "This poison does not appear to be capable of exercising its destructive influence on the vital organs, or on those parts most essential to the welfare and continuance of life."

In 1826 Laennec and Vandral recognised and described syphilis of the lungs, identical in its symptoms to those of phthisis pulmonalis. Van der Kolk insisted that syphilitic subjects died, presenting "phthisical appearances, with ulceration of the lungs, situated most frequently in the middle lobe, but without tubercle." Ricord and Lanceraux and Alfred Fournier have, by pathological anatomy, proved that symptoms of phthisis are not only possible, but very frequently the same as those produced by syphilis.

*Syphilitic Broncho-Pneumonia.* — Drs. Balzer and Grandhomme have recently made several necropsies of syphilitic still-born infants, and the results of their examinations prove that syphilitic lesions, which are caused by microbes, like other inflammations, do not appear to preserve any specific character in their evolutions. With regard to the lungs, syphilitic pneumonia may be classed with broncho-pneumonia, in the same degree as secondary pneumonia in acute infectious diseases, such as measles, or in chronic affections, like tuberculosis. Syphilis in the fetus assumes the different forms of broncho-pneumonia and other lesions, according to its violence and the degree of its chronic stage. The authors classify these forms of broncho-pneumonia, including pulmonary congestion, and lesions which are not apparent on microscopic examination.

2. Broncho-pneumonia or agglomerated nuclei disposed in a vertical band at the posterior portion of the lungs. These forms correspond, with regard to lesions, to subacute forms of broncho-pneumonia of other infectious diseases, and invariably assume the following type.

3. Broncho-pneumonia, with white hepatization, without dilatation of the bronchi, corresponding to the hepatization of other forms of broncho-pneumonia. It may lead to fibro-caseous or gummy degeneration.

4. Broncho-pneumonia, accompanied by dilatation of the bronchi. It may be said that pulmonary syphilis is identical at different ages.

At a meeting of the Moscow Dermatological Society, Pospelow and Kontrim (*Monatshefte für praktische Dermatologie*, 1895) each reported two cases of

syphilitic pneumonia that yielded to treatment with mercurials. Hemoptysis occurred in three of the cases, and fever with sweating was present in two. The lesion was localized at the apices. In one of the cases, tubercle bacilli were found in the sputum, and the process was believed to be tuberculous. Treatment with mercurial inunctions and sulphur baths, with a residence in Egypt, was followed by general improvement and disappearance of fever, cough and expectoration. The patient had been well for three years at the time of the report. In this case it is believed that the tuberculous affection was implanted upon the syphilitic pneumonia, disappearing with the latter.

*Syphilitic Pleurisy.* — In the *Presse Médicale*, of the 20th ultimo, M. Chantemesse publishes a clinical lecture on the complication of constitutional syphilis. The subjects of the lecture were two men who presented the usual stigmata of syphilis in the eruptive stage. In both there were discovered the physical signs of pleurisy with effusion, and in one aspiration with a hypodermic syringe yielded a quantity of straw-colored serum. Both had râles, due probably to an eruption of roseola on the bronchial mucous membrane. M. Chantemesse had succeeded in collecting twelve similar observations of syphilitic pleurisy. Most of them were cases of dry pleurisy, but in either case the prognosis is favorable, resolution and absorption being the rule under specific treatment. M. Chantemesse treated his patients with intravenous injections of corrosive sublimate ; he nevertheless does not recommend this method, but would prefer intramuscular injections of red oxide of mercury dissolved in sterilized olive oil. He says that he has never noticed any stomatitis during a treatment of several months, consisting of daily doses of four or eight milligrammes of the salt dissolved in one or two cubic centimeters of the oil. The specific character of the pleurisy is plain to M. Chantemesse from the following peculiarities : Its bilaterality, the small amount of effusion, its concomitance with the secondary eruption, its complete disappearance without leaving any traces, and its prompt cure by mercury. The lecturer is inclined to believe that the so-called secondary fever of syphilis may be in many instances explained by the existence of this kind of pleurisy, which in the presence of indubitable signs of lues venerea is not suspected or sought for. In one-half of the cases bronchitis is present as well, this complication being probably due to the outbreak of a syphilide on the bronchial mucous membrane.

Dr. Rendu, at a recent clinical lecture, presented an old woman who had for a long time been emaciated and cachectic, but without fever. The symptoms were ill-defined, some pain, stiffness of the limbs, without marked weakness or paresthesia, dyspnea on exertion, and for a short time a dry cough without expectoration. The respiratory and auscultatory phenomena were found normal, anteriorly, but behind there was dullness over the right apex, with roughened prolonged expiration. There was a loud, rough, systolic murmur, together with a softer and more superficial one, but no symptom of cardiac insufficiency. The arteries were apparently healthy, the liver normal in size, and there was no albuminuria. There was a diffuse and characteristic syphilitic melanodermia, and iritis of two years' standing, nocturnal bone pains and headache. Her only previous illness had been measles. It was pointed out that against tuberculosis was the long duration, the absence of expectoration, of râles, and of concomitant symptoms. Syphilis does not usually attack the apices, although cases of this occurrence are recorded. Syphilis and tuberculosis may occur in association, and tuberculosis may attack a lung previously syphilitic. From the absence of a history of acute pneumonia an indurating pneumonia could here be excluded. The attack of measles was not considered adequate cause. As there were no other etiological factors, the changes in the heart and lungs were probably syphilitic. Great improvement followed the exhibition of mercury and iodide of potassium.

In lecture No. VIII, I referred to patients of Abrahams and Brambilla and Fournier and Ross. These patients were undoubtedly far advanced in pulmonary tuberculosis, when they acquired syphilis. They were put upon energetic anti-syphilitic treatment, which cured not only the syphilis, but the tuberculosis. You will naturally ask if I do not think that the treatment destroyed the toxines of both syphilis and tuberculosis, and the same treatment is indicated for both diseases. I have put this same question to eminent throat and lung specialists, and have been informed that the treatment has been tried, and the effects were baneful, unless the patient had syphilis complicating the tuberculosis.

*Syphilis of the Heart and Arteries.*—Virchow describes syphilitic growths in the substance of the heart, and refers to those recorded by Ricord and Lebert. Ricord, in his Atlas, calls them "syphilitic muscular nodes in the substance of the heart." They were found in the substance of the ventricles, and consisted of firm, cheese-like masses. There was a history of chancres and ulcerated tubercles of the skin. Lebert reports that gummata were seen at a comparatively early stage of development in his case, and were found in the wall of the right ventricle. There were tubercles of the skin, of the subcutaneous tissue, genital organs and bones of the skull. In Virchow's case there were syphilitic gummata in the testicles.

In the Museum of the British Army, Medical Department at Netley, there are two preparations which show such gummata in the substance of the heart. "One occurred in the case of a soldier, twenty-four years of age, under treatment for venereal ulcers, of nine month's duration, in various parts of the body. He had lost his palate, and eventually sank from exhaustion, with symptoms of phthisis. Sections of the muscular substance of the heart showed several isolated deposits in its substance and beneath its serous covering, and isolated portions of the lungs were converted into a substance of the consistence of cheese."

A few months ago, I visited the United States Army Medical Museum, and Dr. D. S. Lamb showed me a pathological specimen of a heart in which a syphilitic gumma was imbedded in the wall of the left ventricle. This specimen was exhibited in Baltimore, at the Johns Hopkins University, and its nature verified by the pathologists there. For the clinical record, Dr. Lamb referred me to Health Officer W. C. Woodward, M. D., as the specimen was obtained from him when he was serving as coroner of the District. Dr. Woodward kindly sent me the following report: "The patient came under my observation after death. The history was vague. Colored, male, thirty-three years old, a native of Virginia; was found dying in bed about 5 o'clock one morning by his wife, who had been sleeping by his side. He had complained for some time of shortness of breath, and is said to have had night-sweats just previous to his death. There was, further, a history of continued ill health, not borne out by the condition of the body, attributed by his family to a hernia. There was no external evidence and no history of syphilis. Deceased was a huckster by occupation."

At a recent meeting of the Clinical Society of London (*British Medical Journal*), Dr. Duckworth reported the case of a strongly-built man, 35 years old, who, while walking in the street carrying his little boy, suddenly fell down and expired. Only a meager antecedent history was obtained, but there was evidence of old syphilitic disease on the tongue and on the glans penis. A small gumma was found in the left lung. The heart weighed twenty-two ounces, and was bound by firm adhesions to the pericardium, both at the apex and the base. The ventricles were hypertrophied and dilated; the valves were normal. In the wall of the left ventricle, above the apex, was a round depression, nearly an inch in diameter, and covered by long adhesions. This was due to a thinning of the wall, with much endocardial thickening. A large aneurismal pouch was found behind the

posterior cusp of the mitral valve. This appeared from without as a tumor growing from the base of the heart, and completely covering the left auricle. Its walls were half an inch thick, and the pericardium was closely adherent over it. On section the muscle was replaced by tough, fibrous tissue, with foci of gelatinous matter. The endocardium was greatly thickened and fibrous. Microscopic examination proved the formation to be gummatous in nature, with patches of caseation. The smaller vessels showed signs of endarteritis. These appearances were taken to indicate a recent gummatous growth at the base of the left ventricle, and a similar but older one near the apex of that cavity.

Investigation showed that in fourteen similar cases death occurred quite suddenly in eight. But one case in the whole number was in a woman. The mean age of all the patients was 32 years. Many of the cases seemed to have been devoid of urgent symptoms. In some there had been pericardial pain. The valves were not usually involved, and hence murmurs were not to be heard. The ventricles and their septa were the common sites of the growth. The tendency to fatal and sudden syncope was probably attributable in part to endarteritis affecting the coronary vessels, and possibly to the formation of embolisms in the branches of the coronary arteries, as a result of the dislodgment of fragments from the interior of aneurisms.

During a recent meeting of the Montreal Medico-Chirurgical Society, Dr. Finley presented the report of a case of syphilitic gummata of the heart and liver, and exhibited the pathological specimens showing the characteristic lesions.

At a late meeting of the Charité Aerzte of Berlin, Dr. Israel exhibited pathological specimens, and gave the following clinical history: During life the patient, aged 47, had presented the appearance of hepatic cirrhosis. The pulse, 136, was small and irregular at first, but improved under digitalis. A systolic murmur was heard in the left, second and third intercostal spaces, with an accentuated second sound. There was no clinical evidence of syphilis. Eight days after admission, there was a profuse and fatal hemorrhage from the stomach. The autopsy showed the heart to be hypertrophied, but only slightly dilated. No circulatory obstruction could be proved at the mitral orifice. Islets of fibrous tissue were present at the base of the papillary muscles, and the muscles themselves had undergone fibrous changes. Fine strands of fibrous tissue were seen in the slightly brown cardiac muscular tissue. The dilated left auricle presented peculiar appearances. The wall was rigid, with only the remains of a few yellowish-brown muscular fibers. The auricular appendix was greatly shrunken. Very irregular and easily detached excrescences were found in the inner wall of the auricle, and were especially marked well on the upper surface of the mitral valve segment. The gummatous formation in the heart muscle could only be due to syphilis. In the liver fibrous changes with the remains of gummata were found. There was induration of the uterus with chronic endometritis, also of syphilitic origin.

At the Berlin Medical Society, Dr. A. Fraenkel recently demonstrated a specimen of cardiac syphilis from a woman 36 years of age. When first seen last year she had aortic regurgitation and suffered from frequent headaches, which were occasionally associated with fainting attacks. The heart disease was supposed to be consequent on acute rheumatism. The husband was syphilitic and the woman herself had suffered from swellings on the head, which had ulcerated and left scars. She improved at first and left the hospital, but was readmitted this year with severe attacks of angina pectoris, in one of which she died. At the necropsy the left coronary artery was found quite permeable, but the orifice of the right coronary was completely obliterated by a process of arterio-sclerosis, which in excess of the patient's years and its proper position could only be determined by probing backward along the lumen of the artery.

There was a gummatous tumor, four and a half centimeters long, in the septum ventriculorum, and Fraenkel thinks this shows that the arterial changes were really of syphilitic nature. The arterio-sclerotic changes in the aorta reached down to the bifurcation. Fraenkel, moreover, remarks on the part played by syphilis in the etiology of aneurisms. Walsh thought that sixty per cent. of true aneurisms were due to syphilis; others think still more. Fraenkel himself, during the last four years, has seen nineteen cases of aneurism of the thoracic aorta in which there were necropsies. Three cases were in women, sixteen in men. Of the nineteen patients, nine, that is forty-seven per cent., had had syphilis and these were all under fifty years of age. The case illustrates the relation of precocious arterio-sclerosis and syphilis. Mracek (*Medico-Chirurgisches Centralblatt*, 1895) refers to authors and states that, especially just preceding the roseola, in the second stage of syphilis, disturbance of the heart's action is not uncommon. He quotes Fournier to the effect that these troubles are functional and not dependent upon distinct lesions of the heart itself, and that they are distinctly transitory by nature, disappearing without leaving a trace, occurring much more frequently in women, and commonly associated with nervous disturbances. The later forms of heart syphilis appear, however, as distinct pathological changes. The symptoms of the affection are those of degeneration of the heart-muscle or interference with the valves, whatever is the cause of these pathological conditions.

Semnola holds as pathognomonic a persistent arhythmia, either existing alone or accompanied by tachycardia, respiratory troubles coming and going, resistance to all ordinary methods of treatment, and a history of syphilis. Through syphilitic stenosis of the coronary artery the symptoms of angina pectoris may be caused. Exceptionally, murmurs are developed. The course of syphilis of the heart is extremely slow and insidious. There is rarely any acute process, such as a softening of a gumma, but rather a slow transformation in the fibrous tissue. Judging from reported cases the prognosis is extremely bad, death coming suddenly and often in the midst of apparent perfect health. In sixty-three cases collected by the author (Semnola), this suddenly occurred in one-third of the number. Jullien and Mauriac stated that this end is observed in fifty per cent. of cases. Death comes after a heavy meal, or from drinking or straining. Often the patients are found dead in bed. Many cases perish in coma from heart failure.

Dr. Fisher, in the *Bristol Medico-Chirurgical Journal*, summarizes as follows the articles of Hektoen (*Journal of Pathology and Bacteriology*) and Jacquinet (*Gazette des Hôpitaux*, 1895): "Hektoen records a case of interstitial myocarditis due to syphilis in a child six weeks old and mentions that only eleven other cases have been recorded. In two of these eleven cases sudden death occurred when the children were considered to be in good health, a noteworthy fact, since it shows that this disease in the child may lead to the same abrupt arrest of heart action that frequently occurs in the adult when the heart is affected with syphilis.

"Jacquinet treats the subject of syphilis of the heart very fully. In connection with the above remark it may be mentioned that he quotes Mracek as saying that of fifty-eight cases of syphilis of the heart, twenty-one ended in sudden death. Others terminated in what French writers call acute asystole, where severe dyspnea ushers in the rapidly approaching end. Jacquinet quotes as an example the case of a prostitute who was dining in a beer-house with some of her companions, when she complained of pain in the stomach and abdomen. The pains increased and palpitation of the heart was added. She was removed to a hospital and died of "advanced asphyxia" after a few hours. The pain mentioned in this case suggests angina pectoris, which may sometimes be epigastric in situation. Jacquinet comments upon this point and refers to the possibility of cardiac pain being a symptom of syphilis of the heart. He

mentions that one of the recorded cases of sudden death occurred in a sailor, who died putting his hand to his heart as if he suffered pain in that region. Huchard is quoted as saying that of 110 cases of angina pectoris, in 32 a history of syphilis was obtained, and other observers are mentioned as having noticed severe cardiac pain in syphilitic subjects. This point is of some interest, since potassium iodide is recognized as of value in angina pectoris. The drug is not generally given, however, with the idea of combating syphilis, but of influencing the diseased condition of the coronary arteries that often exists. Yet a satisfactory result naturally suggests that this disease of the coronary arteries may be sometimes syphilitic, like aortitis of the intra-pericardial portion of the aorta with which cardiac pain is also often associated."

Dr. H. P. Loomis has reported fifteen cases of fibroid disease of the heart, three of which were considered beyond all doubt to have been of syphilitic origin. He has also seen four cases of gummata of the heart wall. Sudden death occurred in two of these cases. Notes are given of one. An apparently healthy man, aged 35, was found lying dead on his bedroom floor, with his hat in his hand, having obviously fallen immediately after entry. The two cases that did not terminate suddenly were in young prostitutes. One of these died with intense dyspnea and cyanosis ; the other was admitted to the Bellevue Hospital for lobar pneumonia, which ended fatally. Dr. Loomis emphasizes the point that the question of syphilis as a probable cause of heart disease should not be overlooked. He says : "When symptoms of cardiac failure occur during the prime of life, for which no cause can be ascertained, such as rheumatic history, valvular disease, arterial changes or kidney complications, especially in one with a syphilitic history, these should always suggest syphilis as the cause of the condition."

The same author published in the *American Journal of the Medical Sciences*, October, 1895, a very able and instructive article, giving in detail his services as curator for ten years for Bellevue Hospital, New York City. Fifteen hundred or more autopsies came under his personal observation, where certain pathological changes, "which were unquestionably of syphilitic origin, yet which failed in spite of marked symptoms to be diagnosed during life as manifestations of syphilis."

We propose in our next lecture to take up syphilis of the liver, spleen, kidneys, and conclude with a lecture on treatment.

---

## HYDRASTIS CANADENSIS.

Saenger (*British Medical Journal*) has for six years been making observations on the effect of hydrastis canadensis on bronchial catarrh. He has arrived at the following conclusions : The cases for which it is most useful are those where the bronchial catarrh is very chronic. It produces marked diminution of cough, makes the bronchial secretion much thinner and less purulent, and so facilitates expectoration. At the same time it improves the constitutional condition. These effects on bronchial catarrh have seemed to be more striking than those produced by any other drug that the writer has used. In phthisis it has proved most beneficial by allaying paroxysmal cough ; the use of opiates may thus be avoided in phthisis. No bad effects were observed, when, as in most cases, a dose of ♏ xx to xxx of the fluid extract was given four times a day ; but in cardiac cases and in very feeble patients larger doses were found to produce attacks like angina pectoris. The writer has found the fluid extract of hydrastis canadensis more effectual than the somewhat similar preparation hydrastinin. Its effect on the arterial pressure is to cause a fall, then a rise, and in too large doses it may cause convulsions.

# THE MEDICAL TREATMENT OF THE INSANE.

*By J. Clement Clark, M. D.,*
Assistant Superintendent Maryland Hospital for the Insane.

READ BEFORE THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, AT OCEAN CITY, MD., SEPTEMBER 15 AND 16, 1897.

INASMUCH as the papers that have been read before this Society on the subject of insanity at the last few meetings have been relative to the condition, State care of the insane and similar subjects, I thought a few remarks on the medical treatment, though nothing new be brought out, might not prove uninteresting, especially to the general practitioner. He is not so much interested in the State care of his patient as he is in what is going to relieve him and assist in his recovery. It is not my purpose to enter into the hygienic or moral treatment of the insane ; the time allowed will not permit it. I shall merely deal with the medical treatment, refreshing your memory as to the remedies that have stood the test of time and are to be mostly relied upon. If I only provoke a healthy discussion, I shall feel that I have been amply repaid.

While in the treatment of insanity of late years, occupation, amusement and out-door exercise play an important part, nay, I might say the most important part, yet we have in materia medica an important and necessary ally.

Looking upon insanity of all types as being due to some morbid condition of the brain, it is natural to suppose that the brain is the chief organ to which our remedies ought to be addressed. But this is not always the case, however, and the insanity is often due to different disorders of the body, which with various secondary states require treatment. There being no specifics, the general treatment of the insane requires unceasing devising to meet the individual symptoms, no two cases being exactly alike in every respect.

While the different types of insanity demand different methods of treatment according to the diagnostic, etiological and pathological conclusions, yet there are symptoms frequently arising, which can only be met by the judicious administration of hypnotics, sedatives and motor-depressants. They often cut short a commencing attack of melancholia and mania, soothing and quieting the patient, re ëstablishing the sleep habit, relieving the excessive motor activity of his brain and saving his strength. They also relieve, to a great extent, the fear and anxiety of the patient's relatives and friends, enabling them also to secure needed rest ; an important point, especially in private practice. While they do all this, rendering their use almost indispensable, it should be remembered that they only arrest or modify the cortical function ; and when long continued, form a habit and affect digestion and nutrition.

To discuss them more specifically, I would refer first to paraldehyde as one of the safest and most reliable.

The dose is from one to two drachms and it is best given in a little whiskey, or alcohol and syrup.

Its action is purely hypnotic, producing sleep in from five to ten minutes.

It does not depress the heart and leaves but few unpleasant after-effects, the patient usually awakening refreshed and without headache or lassitude.

It is useful in all forms of insanity, particularly in mania, when there is weak circulation.

Its perfect safety makes it invaluable. One ounce has been given without fatal effects. In overdose it causes respiratory failure.

Sulphonal comes next in usefulness, a great many physicians preferring it to paraldehyde.

It is given in from twenty to forty grain doses. It is almost insoluble in water and is best given in some other vehicle.

It is an hypnotic sedative, slow in its

action and more decidedly sedative than paraldehyde.

It is useful in a large number of cases of insanity, especially in mania and melancholia.

It should not be given continuously, as it has some vague effect on the kidneys.

Trional is very much like sulphonal in its action. It is more soluble, hence its soporific effect is more promptly produced and is more evanescent than sulphonal, which sometimes causes a drowsy feeling extending through the next day, after its administration at night.

Next I would place chloral hydrate, which is well known.

A combination of chloral hydrate, bromide of sodium, tincture of cannabis indica and tincture of hyoscyamus makes a useful and efficacious hypnotic nervous sedative.

While chloral is probably more decidedly hypnotic than sulphonal or trional, its depressing effect on the heart and circulation makes it somewhat more dangerous, its use being thereby more limited. It has its uses, however, and is more efficacious in some cases than the other hynoptics.

Hyoscine is next in value; being purely a motor depressant it is especially useful in acute maniacal outbreaks where the patient is violent, noisy, tearing, shouting and in a high state of excitement. Its minute dose and easy method of administering hypodermically make it particularly applicable in such cases. To get the full effect it should be given in larger dose than is generally recommended in the text-books. While on account of the idiosyncrasy which some few cases present, a minimum dose of $\frac{1}{100}$ grain should be commenced with, it should be gradually increased until its physiological effect is produced.

At the Maryland Hospital for the Insane, we have given as high as $\frac{1}{5}$ grain of the hydrobromate *per os* to an imbecile youth, for two weeks, in an acute maniacal attack; and $\frac{1}{16}$ grain hypodermically for three weeks, to a woman with chronic mania, with the effect of rendering a noisy, filthy boy quiet and docile, and an excited, abusive woman quiet and presentable.

Opium is also a valuable remedy, but on account of the constipation and impairment of digestion it so often produces, two functions which it is especially necessary to keep in order in the insane, its use is rather limited. It has its indications, however, and is especially beneficial in melancholia. This remedy, until superseded by the more recent hypnotics, was for many centuries the main reliance in mental excitement and insomnia.

The bromides are useful in meeting certain indications, especially in the violent stage of epileptic insanity. No remedies have yet been found equal to the bromides in this class of cases. They should be given in large doses, frequently repeated, largely diluted with water and discontinued as soon as they have produced the desired effect, as their constant use may produce an undesirable cachexia, and is supposed to hasten the advent of dementia terminale. Excepting in epileptic insanity the bromides are largely used in combination with other drugs to prolong their effect.

Chloralamide is another useful hypnotic and acts well in some cases. There are numerous other drugs of this class, as urethan, croton-chloral, monobromide of camphor, lupuline, gelsemium, conium, veratrum viride, cannabis indica and hyoscyamine, but they are all inferior to those already described.

Outside of the class of medicine mentioned, the medical treatment of insanity is largely symptomatic, and tonics, stimulants, purgatives, emetics, laxatives, alteratives, digestives, anti-periodics, eliminators, emmenagogues, galvanism and hydrotherapy are all used. The indications for their use and their dosage being the same as in the sane.

All the bodily functions should be looked into and all the secretions examined, and if found faulty the proper remedies should be applied. The application, however, is of course not as satisfactory, owing to the refusal of the patient to take them, the hypodermic syringe, feeding tube and the rectum being often brought into service.

Regarding the use of the thyroid extract, which subject was brought before this society by Dr. Charles G. Hill in his annual address in 1896, and about which so much has been written lately, the results at the Maryland Hospital have been rather unsatisfactory; a few cases have been benefited and a few cured. It is given in from five to ten grain doses, two or three times daily. It causes a decided increase in the pulse rate, producing slight fever, profuse perspiration and an increase of urine. Patients lose weight rapidly, regaining it equally as rapid when it is discontinued. Its use is possibly a step in the right direction, as from time immemorial it has been observed that a local inflammation, a septic fever or some intercurrent affection has cured insanity.

Dr. Clouston, Superintendent of the Royal Edinburgh Asylum, and an acknowledged authority on mental diseases, says "No case of insanity should be allowed to become incurable without a course of thyroids," and that he has "always believed that some day we should hit upon some method of producing a local inflammation or manageable septic blood-poisoning, by which we should cut short and cure attacks of acute mania." God speed the day.

---

The Serum Treatment of Leprosy.—At the Leprosy Congress, held at Berlin last month, Dr. Olaya Laverde of Bucaramanga, Columbia, said that he had begun to study the serum therapy of leprosy. His method is not the same as that of Dr. Carrasquilla of Bogota in that he prepares his animals by injecting under their skin the juice of the leprous tissue freshly cut from leprous cases. These animals go through a marked reaction which disappears completely in five or six days. The blood of these animals taken after they have recovered is collected under antiseptic precautions and injected according to the usual rules. The accidents during this operation are exceptional and of little gravity.

The leprous cases experienced at the first injection a slight febrile reaction, with malaise, pains in the loins and abdomen; often there is diarrhea. This reaction commences six hours after the injection and terminates in from twelve hours to three to six days, according to the case, with abundant sweating, a feeling of well-being and return of appetite.

The therapeutic results are very clear and affect all the symptoms. There is a disappearance of anesthesia, of the wandering joint pains and of loss of sleep. Nasal respiration is restored with a disappearance of ozena and anosmia, of blepharitis, of conjunctival and corneal ulcers. The sweat glands act again, the nails, beard, eyebrows grow again, the large ulcers heal and the leprous spots are absorbed. The strength and appetite return and the patient sleeps. Bacilli which were abundant in the skin are now no longer found. The treatment should be continued for three months to a year or longer.

Up to the present time, Dr. Laverde has seen improvement in sixty cases and six could actually be called cured, having been free from the trouble for a year. The future can alone tell if the cures are permanent, or only a relative improvement. At the same time with this serum the ordinary therapeutic methods may be followed, such as the actual cautery, diet, hygiene and tonics. Especially effective is the so-called blood washing, according to which large amounts of serum are injected into the cellular tissue or artificial serum into a vein.

From these results Dr. Laverde thinks that lepers should be treated as other sick persons, not ostracised forever, but temporarily isolated in a special hospital.

Perhaps it is on this principle that cases of leprosy are no longer isolated in some parts of the United States, but are simply treated for a time and then dismissed.

The leprosy of the present day is not clearly understood yet.

## Society Reports.

### THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

MEETING HELD AT OCEAN CITY, MARYLAND, SEPTEMBER 15 and 16, 1897.

*(Concluded.)*

THURSDAY, SEPTEMBER 16, MORNING SESSION.

In concluding the discussion on his paper, Dr. Hiram Woods said: In reference to the excess of asthenopic eyes in the county over those of the city, I cannot say but we do meet a large number of children from the various counties with these same evidences of improper work as has been noticed in the city children. The plan we presented to the school board for making these examinations is made up more upon the plan of practicability and simplicity than upon a scientific basis, and it would be a simple thing for any county teacher to make these examinations. Dr. Blake says that the school board is willing to do anything practicable. We submitted to the school board last year, when new school houses were being built, catalogues explaining the new desks and seats, and I even went to them personally in regard to the matter, but the schools were fitted out without new desks. We shall state the matter again to the board, however, in a few weeks.

*Dr. Hugh H. Young* read a paper entitled "The Application of Hydraulic Pressure in Genito-Urinary Surgery, with a Special Reference to Treatment of Contracture of the Bladder." (See page 45.)

*Dr. T. S. Cullen:* I think the treatment advocated by Dr. Young is destined to be of great value, and while applicable to the male subject, it is still more so to the female. At Dr. Young's suggestion, several months ago, we adopted the treatment on our side of the house. It may be of interest to relate one of our cases. The woman with cystitis of eight years' standing was voiding urine every twenty minutes. On making an examination I found the whole inner surface of the bladder ulcerated and at the center of the ulcer a calcareous mass. We tried to get rid of that and finally succeeded by introducing dilute hydrochloric acid. Dilatation was commenced and at the end of two weeks there were only a few ulcerated patches left and no calcareous spots. When she left the hospital she was nearly well. Since that time we have treated several cases by this method, and without any medical treatment, in a satisfactory manner.

*Dr. J. D. Blake:* No doubt the line of treatment suggested is destined to do a great deal of good, yet I regret that Dr. Young did not give us more definitely the number of times he finds it necessary daily to use the method of which he speaks. He does not say either how long it has been since he has seen some of the cases he related. Probably sufficient time has elapsed in some of the cases to know whether the success was continuous. I am somewhat surprised to hear that most of his patients were old men and that yet only one of the four had enlarged prostate. We most frequently find enlarged prostate as one of the accompaniments. Of course, irrigation of the bladder is no new thing for this condition, but the method is probably comparatively new to many, though it has been done before. The rapidity with which patients rally is a common characteristic of the conditions which are generally brought in play upon the proper treatment of these troubles. Of course, he put his patients to rest from the beginning and that in an inflamed organ anywhere is the *sine qua non*. The great difficulty, however, is, and I am afraid that the misleading point of this paper would be, to lead us to believe that this treatment is absolutely permanent. I am afraid that this is not the case. He suggested that the entire mucous membrane had been destroyed in the first case. I doubt that, for if he had cicatricial tissue he would most certainly have contraction unless constant irrigation and distension is done. Again, in these cases we find that the general health is broken down and a constitutional treatment is necessary. I find nothing better in such cases

than the addition of a ferruginous tonic to nux vomica.

*Dr. H. H. Young:* Dr. Blake seems to have started out to criticize my method but really closed without saying much about it. Only one man of those I treated was old, 65, the others were under 40. The only case with enlargement of the prostate was that of G. L., and his was tuberculous. The fact that the old man did not have enlarged prostate is not remarkable, for I have seen other cases of cystitis in the aged without enlarged prostate. In regard to the total destruction of the mucous membrane, I do not think I once mentioned such a condition. I said that it was ulcerated in places and that the fibrous tissue had lacerated in contraction, but I never dreamed for one instant that there was a general destruction, not to say complete destruction, of the mucous membrane. As to general treatment, we do not find it necessary and these cases serve to show the worthlessness of nux vomica. In my opinion systematic treatment is not necessary.

As to the permanency of the treatment of course I can not say yet. The first case was a tramp and has disappeared from observation. The other cases I have heard from and they are in the same condition as reported. I never dreamed that we could stop the treatment immediately. The condition has been running on for many years before coming for treatment and all of them have some pus in the urine still. I think if Dr. Blake had followed cystitis as we have for many years he would have found very few cases that are ever entirely relieved, for there is almost always pus remaining in the urine. I do not think it would be safe at all to stop the treatment under six, eight or twelve months, but it need not be given so frequently as at first. With us the treatment is given every four hours and the patients keep up their own treatment while in the hospital. After they leave the hospital I think they could easily make one or two irrigations a day for a year or more, or even for life, for it would be no more trouble for them than going to stool and if the effect of this treatment is only that he empties his bladder every six hours instead of wearing a rubber urinal and passing urine every fifteen minutes, I think the treatment need not be so much disparaged.

*Dr. John C. Hemmeter* made some remarks on "The Clinical Aspect of Operations on the Stomach."

*Dr. E. N. Brush* read the results of "An Analysis of One Hundred Cases of Acute Melancholia."

*Dr. W. F. A. Kemp* read a paper on "A Case of Subphrenic Abscess."

*Dr. J. C. Hemmeter:* I would like to ask Dr. Kemp if he regards the abscess as due to the perforation of the stomach or bowels. Leyden, who first gave a description of subphrenic abscess, found that 20 per cent. were due to perforating gastric ulcers.

*Dr. Kemp:* I have not made up my mind as yet and probably shall be always in doubt.

*Dr. Theodore Cooke, Jr.*, read a paper on "Scurvy (Scorbutus); Report of Five Cases, Three in Infants and Two in Adults."

After giving an historical sketch of this disease, showing how it has gradually been eliminated from our merchant marine, the paper refers to its more frequent discovery in infants, and related three cases in the writer's private practice during the past year where the symptoms of scurvy were such that no doubt could exist as to its diagnosis. Undoubtedly previously the writer had cases diagnosed otherwise than scurvy, dentition in infants often hiding the symptoms of scurvy. The symptoms of scurvy in these three cases were a swelling in the lower extremities, pain less, except one case, petechial ecchymosis on lower extremities, hematuria, hemic murmur at base, the red, spongy fungous appearance of gums, and finally the most important diagnostic symptom was the fact that antiscorbutic treatment cured where other treatment had failed. Artificially prepared foods are the causes of scurvy in infants. The two cases in adults occurred among the prisoners confined in Maryland Penitentiary. In one, a female, the symptoms were first

rise of temperature, which lasted a few days, then subsided. The appearance of large subcutaneous areas of ecchymosis, epistaxis and neuralgia. Retinal hemorrhage, knee swelled up very painfully from being stuck with a needle and showed spongy and fungous appearance of the gums behind the upper incisors. In the other cases, a male, the gum symptoms appeared first, the teeth becoming loose, gums fungous, red and swollen. Bruises without cause, feet becoming sore so he could not stand to work, etc. Osteitis deformans of Paget was a complication.

In the adult cases it was noted that though the institution furnished the green vegetables to the inmates, those prisoners did not like the diet as supplied and subsisted on bread and water, thus contracting the disease. On insisting on a green vegetable diet along with antiscorbutic treatment, symptoms quickly disappeared.

*Dr. C. M. Ellis:* I believe that scurvy is not so uncommon a disease, even now, as is generally supposed. There is considerable of it in some parts of our county and I think it is probably quite common in Southern Maryland.

After resolutions of thanks to Mrs. Shreeve and the citizens of Ocean City for the kind treatment and hospitality extended the members of the Faculty, the meeting adjourned.

## Correspondence.

### THE GEORGE'S CREEK MEDICAL ASSOCIATION.

FROSTBURG, MD., Oct. 26, 1897.

Editor MARYLAND MEDICAL JOURNAL.

*Dear Sir:*—The George's Creek Medical Association met at Hotel Gladstone, Frostburg, Md., Thursday, October 21, 1897. The Society was called to order by the President, Dr. C. C. Jacobs, with the following members present: Drs. S. A. Boucher, T. Conroy, W. Q. Skilling, B. M. Cromwell, T. Griffith, W. O. McLane and J. C. Cobey. The annual election of officers was held with the following results: President, Dr. B. M. Cromwell, Eckhart Mines, Md.; First Vice-President, Dr. W. Q. Skilling, Lonaconing, Md.; Second Vice-President, Dr. T. Conroy, Barton, Md.; Secretary, Dr. J. C. Cobey, Frostburg, Md.: Treasurer, Dr. T. Griffith, Frostburg, Md.

Dr. Cromwell was escorted to the chair by Drs. Skilling and Boucher; after which he proceeded to make an appropriate address. The address was an excellent one and was loudly applauded when he concluded. Dr. W. Q. Skilling read a very interesting and instructive paper entitled, "Puerperal Eclampsia," which was discussed in a very able manner by Drs. Griffith, Cromwell and Jacobs.

The chair appointed Drs. Jacobs and McLane to read papers at our next meeting, November 18, 1897.

The Society then adjourned.

J. C. COBEY, M. D.,
Secretary.

## Medical Progress.

DIPHTHERIA WITH UNUSUAL COMPLICATIONS.— Max Bjorksten (*British Medical Journal*) reports the case of a little girl, aged three years, who contracted diphtheria from her sister, and showed some unusual complications in the progress of the malady. The attack was a sharp one, and was accompanied by edema, hepatic enlargement, albuminuria and a systolic murmur over the cardiac apex; but after about four weeks the patient began to recover, the temperature fell, the murmur disappeared, the albuminuria and edema diminished, and the general condition improved. Injections of anti-diphtheria serum had been given. Suddenly, however, and during the night, incontinence of urine supervened; this was followed by aphasia, right-sided hemiplegia, paralysis of the right facial nerve and of the soft palate. She ultimately recovered. The paralysis of the palate the author regards as due to a peripheral neuritis, but looks upon the other nervous symptoms as cerebral in origin and probably the result of an embolus.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, NOVEMBER 6, 1897.

THE public generally believes that consumption is inherited, while the profession has always taught that it is not the disease, but the predisposition or susceptibility which is handed down from parent to child. The disease, however, is so dreaded that the offspring from consumptive parents, disheartened perhaps by a gloomy outlook, are quite ready to accept the inevitable, as they think, and take no steps to ward off the disease.

*Heredity in Phthisis.*

Dr. J. Edward Squire, in the *American Journal of the Medical Sciences*, has examined into the family history of one thousand families and has carefully made out statistics which are sometimes correct and sometimes not. But in this case he thinks he has made out a true bill that, as shown by the small difference between the incidence of consumption on the offspring of phthisical and non-phthisical parents, the direct influence of heredity is comparatively small or is considerably less than is generally believed

If statistics ever do prove anything they should be accepted in this case and one practical lesson from this is that it is never well to doom a child because the parent or even because many members of that family have died of pulmonary consumption.

Persons who look on a hospital for consumptives as a center of infection and a sort of asylum where such cases may go to die in comparative comfort are undeceived when they have actual experience in such institutions.

* * *

*Is this Progress?*

A WEEK rarely goes by without recording a bequest from some departed philanthropist to a hospital or medical institution. Those institutions receiving few or no bequests obtain money by private subscription, city or State aid, or by some form of so-called entertainment. In Baltimore the St. Joseph's Hospital has recently been remodeled and enlarged, the University Hospital has been rebuilt, the Hebrew Hospital has been enlarged, the Baltimore University Hospital has been refurnished, the Baltimore Eye and Ear Hospital is putting up a new building and now the Presbyterian Hospital is asking for money for a larger hospital. At the same time the State is building a fine new penitentiary, presumably for the increased number of criminals in this State, while for the large number of insane, which, if report be true, grows greater each year, the State is erecting an asylum near Sykesville.

The question is: Are all these new buildings evidences of prosperity and advance?

Some of the same papers which contain notes of new and enlarged hospital buildings relate the struggles of the average physician in the city and his small income and also tell of the number of physicians who are driven into other and less dignified work. If so much increased hospital room is needed in Baltimore, then sickness and indeed all abnormal conditions must be on the increase; there must be more insane and the criminal class is evidently becoming larger. To be sure, the population also is growing, but is this growth proportionate to that of the large class of defectives, mentally and morally, and those who are year by year relying on the free hospital and dispensary for aid in time of illness? The question is a serious one.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending October 30, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 10 |
| Phthisis Pulmonalis | | 23 |
| Measles | 15 | |
| Whooping Cough | 7 | |
| Pseudo-membranous Croup and Diphtheria. | 74 | 14 |
| Mumps | | |
| Scarlet fever | 15 | |
| Varioloid | | |
| Varicella | | |
| Typhoid fever | 17 | 6 |

Chicago wants the International Medical Congress in 1903.

Diphtheria is not so prevalent in Baltimore as it was four weeks ago.

Judge Wright of Baltimore decided last week against a faith curist.

Heidenhain, the physiologist of Breslau, is dead. He was 63 years old.

The University of Vienna will have no separate chair to teach serum therapy.

Boston authorities think that the bicycle has reduced the mortality from phthisis.

Dr. W. D. Cooper, a prominent physician living near Fredericksburg, Virginia, died last week, aged 77.

Moscow is said to have a medical society which was founded in 1804. The State Society of Maryland was founded in 1798.

The New York Physicians' Mutual Aid Association has had a very successful year. Such an association would do well in Maryland.

The Baltimore University Hospital has undergone complete renovation during the past summer and the building has been entirely refurnished and is fully equipped for its work.

The Southern Surgical and Gynecological Association will hold its tenth annual meeting at St. Louis, November 9, 10 and 11. Among those announced to read papers are Drs. L. M. Tiffany and H. A. Kelly of Baltimore and Dr. J. W. Bovée of Washington.

The *Medical Council* of Philadelphia announces that it has removed to large and commodious quarters, Northeast Corner of 12th and Walnut Streets.

The Board of Medical Examiners of Maryland has expressed their gratification at the full reports and tables showing the result of the examinations as published in a recent number of the JOURNAL.

The new Hospital for the Relief of Crippled and Deformed Children was formerly opened last week, at its new building, 2000 North Charles Street, Baltimore. Drs. R. Tunstall Taylor, N. E. B. Iglehart and M. B. Grimes are the physicians in charge.

As there has been some dissatisfaction among the medical schools at the work of the State Medical Examining Board, a committee comprised of professors of each school met to consider plans to modify the law at the next meeting of the legislature.

A German doctor, who has been collecting information about the habits of long-lived persons, says that the majority of those who have attained old age indulged in late hours. That is, they retired after midnight and remained in bed late in the morning.

The death is announced of Dr. A. L. Hummel of Philadelphia, but more recently of Denver, Colorado. Dr. Hummel was graduated at the University of Maryland in 1884 and took up journalism. He was a man of great energy and was very successful in his business.

The Alumnae Association of the Johns Hopkins Training School for Nurses has started a system of visiting nursing for those able to pay a small sum but not full rates for such services. It is on a different plan from the ordinary district nursing, which is for the very poor only.

The Presbyterian Eye, Ear and Throat Charity Hospital may be enlarged in the near future. The Baltimore Eye, Ear and Throat Charity Hospital is erecting a new building. It seems strange that there should be such an increasing number of charity cases at these two institutions, for of course they take no cases that can pay. Several of the general hospitals of Baltimore have been enlarged or rebuilt, the new penitentiary is nearing completion and the State is erecting a new insane hospital at Springfield. Such progress is not normal.

Dr. John F. Petherbridge of Dunkirk, Calvert County, Maryland, died at his home last week, aged 86. He was graduated from the University of Maryland in 1832 and was a member of the State Faculty.

Dr. George M. Gould of Philadelphia, formerly editor of the *Medical News*, will start about the first of next year a monthly journal on the plan of the *Review of Reviews* and probably like the *Medical Review of Reviews* published in New York. Dr. Gould has ample financial support and is very sanguine of success. He will have a large number of collaborators including some from Baltimore.

At the recent meeting of the American Public Health Association, held at Philadelphia, the following officers were elected: President, Dr. Charles A. Linsley of New Haven, Connecticut; Vice-Presidents, Dr. Benjamin Lee, Philadelphia, Dr. John C. Schrader, Iowa City, Iowa; Secretary, Dr. Henry C. Probst, Columbus, Ohio; Treasurer, Dr. Henry C. Holton, Brattleboro, Vermont; To fill vacancies on the Executive Committee, Dr. George H. Rohé, Sykesville, Maryland; Professor Franklin C. Robinson, Brunswick, Maine; and Peter H. Bryce, Toronto, Ontario. Ottawa was chosen as the place for the convention of 1898 and Knoxville, Tennessee, has put in a claim for 1899.

The Maryland Public Health Association will hold its next meeting Thursday and Friday, November 18 and 19, at the Faculty Hall. Dr. C. Wardwell Stiles of Washington will read a paper on the relation of slaughterhouses to human diseases and the diseases of domestic animals will be discussed; also disinfection, soil, water filtration and school sanitation, etc. The sewerage of Baltimore will form the subject of one evening's deliberations. The officers of the Association are: President, Dr. Wm. H. Welch; Vice-Presidents, Charles T. Westcott of Chestertown, Henry Brauns of Baltimore, Charles R. Hartshorne of Sandy Springs, Dr. Philip Briscoe, Island Creek, H. G. Weimer, Cumberland; Treasurer, Dr. L. G. Smart, Roland Park; Secretary, Dr. John S. Fulton, Baltimore. The Committee on Sanitation is Dr. Mary Sherwood, Dr. James F. McShane, Dr. H. H. Biedler, Dr. Edward M. Schaeffer, Dr. George H. Rohé, Dr. David Streett, Dr. J. H. Hardcastle.

## Book Reviews.

TWENTIETH CENTURY PRACTICE. Edited by Thomas L. Stedman, M. D., New York. In Twenty Volumes. Volume XI. Diseases of the Nervous System. New York: William Wood & Company. 1897.

The contributors to this volume are eight in number, Drs. Dercum, Lloyd, Mills and Witmer of Philadelphia, Drs. Möbius and Windscheid of Leipsic, Dr. Strumpell of Erlangen and Dr. Bruns of Hanover. The subjects treated of are diseases of the cerebrospinal and sympathetic nerves, trophoneuroses, diseases of the spinal cord, and an essay on pain. An obvious criticism is that the different contributors have entertained widely varying ideas as to the scope of their respective tasks. Thus there is nearly as much space devoted to the diseases of the peripheral nerves as to all the diseases of the spinal cord. This former section might with advantage have been considerably compressed, particularly the long anatomical descriptions which add nothing to our knowledge on the subject. The various affections of the individual nerves are described minutely, but with a few exceptions, as sciatica, the subject of treatment is slighted. The trophoneuroses are discussed in a clear and concise way and offer rather a contrast to the somewhat tedious descriptions of the diseases of the peripheral system. The diseases of the spinal cord are treated of satisfactorily, but briefly for a work of an encyclopedic nature.

The gem of the whole collection is the article on Tabes by Möbius. It is refreshing to read this paper with its clear entertaining style and vigorous expression of views on moot points.

The writer boldly asserts that "syphilis is absolutely and always the cause of tabes," and he includes in the same category general paresis. Any lingering doubts that one may entertain respecting non-syphilitic tabes are almost certain to be resolved after reading the forcible and logical arguments here set forth. The writer draws his conclusions mainly from Erb's wonderful collection of 700 cases showing over 90 per cent. of syphilis. The symptomatology of tabes is described in the clearest manner, though the absolutely pathognomonic value that the author assigns to the Argyll-Robertson pupil

phenomenon will hardly be generally accepted. He says, "it is the most important symptom of tabes." The writer admits with charming candor that there is no treatment for this disease. "The history of the treatment of tabes," he says "is painful and touching. It shows us on the one hand how weak human judgment is, and, on the other, how much faith man possesses. New methods of treatment are constantly invented and all are of benefit so long as they are new, but all in time lose their virture and are then quietly cast aside." An article on the combined system of diseases of the cord and a chapter on pain, considered from the standpoint of psychology, conclude the volume.

## REPRINTS, ETC., RECEIVED.

Transactions of the Medical Society of the State of West Virginia, 1897.

Medical Department of the College of Physicians and Surgeons of San Francisco, 1897-1898.

A Case of Double Pneumonic Murmur, with Diastolic Thrill. By J. N. Hall, M. D., of Denver.

Leprosy. By Isadore Dyce, M. D., of New Orleans. From Loomis' System of Practical Medicine, Volume I.

Recurrent Gall Stone. Angioma of the Spleen; Excision of the Cecum. By John Homans, M. D., Boston.

The Treatment of Alcoholism. By J. M. French, M. D., of Milford, Massachusetts. Reprint from the *Medical and Surgical Reporter*.

Clinical History of a Case of Sub-Conjunctival Dislocation of the Crystaline Lens. By Charles A. Oliver, A. M., M. D. Reprint from the *Ophthalmic Record*.

Ophthalmoscopic Representation of a Case of Traumatic Rupture of the Inferior Temporal Vein of the Right Retina. By Charles A. Oliver, A. M., M. D. Reprint from the *Annals of Ophthalmology*.

A Clinical Study of the Ophthalmic Symptoms Seen in a Case of Fracture of the Anterior Base of the Skull. By Charles A. Oliver, A. M., M. D. Reprint from the *American Journal of the Medical Sciences*.

# Current Editorial Comment.

## REFORM IN SPELLING.

*The Journal.*

Some of our transatlantic brethren still retain the u in "labour," "ardour" and "colour," and the k at the end of the word "musick," but we doubt if the Americans have time, much less inclination, to reinsert these superfluities, and if the Americans are a little faster than the English and have adopted these reforms more quickly, it is not from any disrespect to the language, nor the source from which it is derived, but from a desire to economize time, labor, material and money. Then, if the Americans can improve the language by pruning its excesses and eccentricities, the Englishman should at least rejoice with us in the establishment of a more modern language in which he need have no part.

## DISEASE NOMENCLATURE.

*Medical Brief.*

There are no specifics for the names of diseases; but there are specifics for certain pathological conditions, and these specifics are equally good, whatever may be the name of the disease. A drug which is valuable in inflammation of one part of the body is valuable in inflammation of any other. Drugs have, however, a chief and a side action. It is for the former we use them, and they are never interchangeable. Drugs are not like bricks; each has an individuality of its own. Iodine, arsenic, mercury, phytolacca, the ammonia preparations, all act on the lymphatic system, but all act differently and are variously indicated.

## YELLOW FEVER.

*Medical News.*

The origin and course of the present epidemic proves the utter untrustworthiness and inadequacy of local quarantine. Nearly all previous epidemics have taught the same lesson. A uniform law with adequate authority to sustain its impartial and fearless enforcement is the only defence against these perennial invasions. Some department of the National Government is the proper agent to enforce such a law. Uniformity and authority can be secured in no other way. The first duty of this branch of the Government, however constituted, should be the establishment of a National quarantine worthy the name.

## PROGRESS IN MEDICAL SCIENCE.

If the druggist found that every attempt at substitution cost him the physician's patronage, he would soon become tired of it, and would supply exactly what prescriptions call for.

Contaminated Air.—Apart from the question of health, the thought of inhaling contaminated air is repugnant to people of refinement. Regular disinfection of closets, cellars, cuspidors, sinks and waste pipes with Platt's Chlorides will insure pure air in the home.

At the fourth annual meeting of the American Medical Publishers' Association, held in St. George's Hall, Philadelphia, on May 31, the following resolution was introduced and adopted:

*Whereas*, The Imperial Granum Company has announced the withdrawal of all its advertising patronage from the lay press, and signified its intention of using medical mediums only in the future, therefore be it

*Resolved*, That the American Medical Publishers' Association, in session at Philadelphia, hereby endorses and commends this action of the Imperial Granum Company and further recommends this course to other manufacturers who desire the support and cooperation of the medical profession.

Sir James Grant, M. D., expresses a most favorable opinion of Taka-Diastase.— In a recent letter, Sir James Grant of Ottawa, Canada, late physician to H. R. H. Princess Louise, reports his experience with Taka-Diastase in the following language: "I consider Taka-Diastase a powerful solvent of material which has undergone only partial digestion as a result of defective gastric action. The intense hurry of everyday life is such at the present time that the gastric functions are more than commonly subjected to abnormal influences. Under such circumstances I have closely observed the action of Taka-Diastase and the remarkable manner in which it aids digestion without taxing the system in the slightest degree. I have recommended it in Canada and England with great pleasure and satisfaction, and I predict for it a wide use, owing to the fact that it serves as a remedial agent not previously at the command of the medical profession."

Resinol in Parasitic Sycosis.—Ringworm of the bearded portion of the face, or barber's itch, as it is commonly called by the laity, is always a stubborn affection, especially in its later stages. This is due to the fact that the ringworm fungus rapidly extends from the surface to the hair follicles, as evinced by the breaking off and falling out of the hair. In consequence of the irritation produced by the growth of the fungus in the follicles, inflammation results, and there is a formation of nodules on the surface of the skin. This is reddened and glossy, and more or less covered with pustules, and the nodules in the course of time are apt to break down and discharge a glutinous material which dries into crusts. In the treatment of parasitic sycosis, cleanliness is the first requsite; the parts should be washed with soap and hot water, and the hair in the affected region thoroughly epilated. After this has been done Unguentum Resinol should be applied. Experiments have shown that it rapidly destroys the parasite, without producing irritation.—*American Journal of Dermatology and Genito-Urinary Diseases.*

"If it's a pill made by William R. Warner & Co. it's soluble." There's only a few words in the above sentence, yet they are words which will impress all who read them. The theme is not a new one. The name "Warner" has long had the word "solubility" intimately associated with it. Forty-one years in business constitutes a period during which a progressive house should be able to give to the profession perfect preparations. The pills made thirty years ago and exhibited at the American Medical Convention, in Philadelphia, proved to be as perfect and soluble as the day they were made.

Liberty, Ohio, June 9, 1897.

Messrs. Wm. Warner & Co., Philadelphia.

*Gentlemen:*—Last winter I unearthed a small vial of your Aloin Granules that by chance had been stowed away for twelve years. Having always used your Aloin Granules in my practice I of course used these, and, as far as I could determine, they were as efficient as the day they were made. I tried them on myself several times with results as good as could be wished for. I have kept a few as a curiosity. They are O. K.

Yours truly, J. H. Adair.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No.5. BALTIMORE, NOVEMBER 13, 1897. Whole No. 868

## Original Articles.

# DIGESTIVE DISORDERS CAUSED BY NASO-PHARYNGEAL CATARRH.

*By William H. Daly, M. D.,*
Pittsburg, Pa.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF MARYLAND, WEST VIRGINIA AND PENNSYLVANIA, AT BEDFORD, PA., JULY 15, 1897.

Digestive disorders are probably the most prevalent of all the ills of the body, and when indigestion has set in with all its chronic attributes, then indeed is misery supreme in the human economy. Life is probably more burdensome to the confirmed dyspeptic than to any other invalid, for even the consumptive in his last stages often retains the rosy rays of hope, making him cheerful when all his friends are in despair, while the chronic dyspeptic sees only the dreaded side of life and lives in a world of apprehension and discomfort.

It is one or two of that class of digestive disorders that sometimes have for their cause naso-pharyngeal disease, that I will ask you to permit me to call to your notice, for it is with such cases that the general practitioner has very largely to come into contact among those who consult him for the various stomachic disorders, and it is largely on that account that I hope to interest you with a point or two in a practical sense, that will help to cure some otherwise intractable cases.

Diseased naso-pharyngeal secretions are the cause of much gastric catarrh. These diseased secretions are generally more or less swallowed, especially by women and children, and more so during sleeping than waking hours. Men are given more to the rather disgusting hawking habit than women and children, and therefore probably swallow less of the catarrhal secretion during waking hours than do women and children, and it is to this rather unavoidable swallowing of these diseased secretions, probably more than to continuity of structure, that we have the extension of catarrhal disease to the stomach, liver and intestines, until finally the catarrhal habit or general catarrhal state of all the mucous membranes is the result.

The catarrhal stomach is always or nearly always the dyspeptic stomach, and it is surprising the amount of catarrhal mucus that can be gotten out of a catarrhal stomach by washing it. So much in fact, that one wonders how the organ can perform its normal functions of digestion, with such a mass of mucus adhering to its walls (I have sometimes removed over a pint at one cleansing), just as we sometimes wonder that a patient retains any of the sense of smell whose nares is continually filled with the foul secretions of a chronic, putrid catarrh. But Nature is tolerant and enduring to a wonderful degree.

When the stomach becomes infected with the catarrhal poison, then putre-

factive and fermentative changes take the place of the normal digestion or complicate it seriously and the ptomaines produced thereby are absorbed into the blood, and irritate the nerves of organic life, causing the dreaded depression of mind, distress of stomach, and especially wakefulness, and the one hundred other symptoms with which we are all so familiar when listening to the story as recounted by our patients.

These are the sure concomitants of the disorder so often mistaken by the practitioner for disease of the brain or nervous system, but never should be so mistaken until the digestive element is eliminated. Let us then be very guarded how we mistake neurasthenia, so-called, for a nervous disorder *per se*, and one should never intimate to the friends of the patient that there is necessarily serious brain or nervous disease, until the stomach, intestines and liver are thoroughly examined for errors.

This nervous theory so readily jumped at and expressed is most pernicious, cruel and incompetent. In a majority of the cases the largest number of neurasthenic patients, so-called, are quite free originally from nervous or brain disorder, but are nearly all, with few exceptions, originally due to stomachic and intestinal functional disease with auto-infection from ptomaines, or leucomaines or both, and the first cause of many of these cases is naso-pharyngeal catarrh with its bacilli extending to the stomach, liver and intestines, either by continuity of tissue, or by swallowing the infected secretion from the naso-pharynx.

Women and children are also very apt to swallow the loosened and free secretion from the naso-pharynx, after their meals, and should the digestion be too weak to act upon this mucus and render it innocuous, then it becomes at once a cause of acute indigestion as well as infection of the stomachic and intestinal mucous membrane. While in a discursive paper like this it is scarcely possible to go into the biological pathology of stomachic catarrh, yet we may say the bacillus family is enormously represented in point of numbers and variety in the secretions of the nose, pharynx and mouth, and all are liable to be swallowed by the patient, and if their action is one-hundredth part as formidable as their names sound to the ear, then, indeed, should we have a care to swallow nothing unguardedly. Indeed, in these days of bacteriological scientific investigation the naked and sterilized truth would seem to be the only safe thing to swallow at any time, and how difficult it seems to discriminate as to what is eligible as such, for if one theory be true the others cannot be.

So rapid has been the progress of research and the discoveries therefrom have been pouring in upon us of late years in such numbers from all parts of the world, that we have scarcely yet found it possible to test the value of authorities. And it is a strange fact that the more distant and foreign the authority and the more difficult his name sounds, the greater is the avidity, especially of the younger member, to swallow him or struggle to do so and leave it to Father Time and wiser heads to explain whether he has already swallowed truth or fiction. It will take time to clear the ground before the fabric of truth can be reconstructed, but in the meantime let us lend a diligent ear to the teaching of those we know to be honest and capable observers in our own country, rather than to the foreign theories that, even if true, are adapted more particularly to foreign conditions.

We find the bacilli from the nose to include the following very formidable list: The non-pathogenic, micrococcus nasalis, diplococcus coryzae, micrococcus albus liquefaciens, micrococcus cumulatus tenuis, micrococcus tetragenus subflavus, diplococcus fluorescens foetidus, micrococcus foetidus, vibrio nasalis, bacillus striatus flavus, bacillus striatus albus.

The pathogenic are the staphylococcus pyogenes aureus, staphylococcus pyogenes albus, streptococcus pyogenes, bacillus of Friedländer, bacillus of rhinoscleroma, bacillus foetidus ozaenae, bacillus mallei, bacillus smaragdinus foetidus.

From the mouth we find the non-

pathogenic micrococcus roseus, micrococcus A, B, C, D, E, of Podbielskij, sarcina pulmonum, sarcina lutea, micrococcus candicans, bacillus of Miller, bacillus virescens, vibrio rugula, vibrio lingualis, pseudo-diphtheria bacillus, bacillus mesentericus vulgatus, bacillus subtilis, bacillus A, B, C, D, E, F, G, H, I, J, of Vignal, bacillus subtilis similis, bacillus radiciformis, bacillus luteus, bacillus flurescens non-liquefaciens, bacillus ruber, bacillus viridiflavus, proteus Zenkeri, bacillus G, H, I, J, K, L, M, N, and vibrio O and P of Podbielskij, vibrio viridens, micrococcus nexifer, indococcus magnus, ascococcus buccalis, bacillus fuscans.

Of the pathogenic we have staphylococcus pyogenes albus, staphylococcus pyogenes aureus, staphylococcus salivarius septicus, streptococcus pyogenes, micrococcus salivarius septicus, micrococcus tetragenus, micrococcus gingivae pyogenes, streptococcus septo-pyaemicus, streptococcus articulorum, micrococcus of Manfredi, micrococcus pneumoniae crouposae, micrococcus Pasteuri, bacillus diphtheriae, bacillus tuberculosis, bacillus of Friedländer, bacillus bronchitidae putridae, bacillus septicaemiae haemorrhagicae, bacillus gingivae pyogenes, bacillus pulpae pyogenes, bacillus dentalis viridans, bacillus crassus sputigenus, bacillus saprogenes No. 1, bacillus pneumoniae agilis, bacillus pneumoniae of Klein, bacillus pneumosepticus.

What an appalling list of unseen enemies is named in the foregoing list, about seventy altogether. Is it any wonder that we have sometimes stomachic catarrh and neurasthenia following naso-pharyngeal catarrh? The jaw-breaking Latinity of all these bacilli reminds one of the story of the young man who was cut in the abdomen by an adversary. Through the gathered throng pushed the sister of the wounded man with a gentleman friend. The latter asked the doctor in attendance, "Is he badly cut?" "Yes," answered the learned medico, "the knife has cut through the duodenum, the ductus communis choledochus, the lobus spigelii, the peritoneum, the thoracic duct, both ureters and the jejunum." "What does the doctor say?" anxiously enquired the sister. The friend answered, "All the Latin parts of your brother's bowels are cut out; he cannot recover."

I should like in a desultory way here and there to be permitted to quote from a paper read before the Utah State Medidal Society at Salt Lake City, October 7, 1896. The author's name I regret I cannot now furnish, but in substance his paper is advanced in thought and worthy of the widest attention.

While naso-pharyngeal disease is as old at least as the United States, neurasthenia is more modern, and although that distinguished and advanced thinker Beard wrote upon it first, yet he was not aware of its cause as distinctly as we are now. We know that the hurry and push of modern life are promoting factors in its development, but the remote cause of a large part of our cases is catarrhal disease causing auto-infection finally. "True, the nerve cell is at fault undoubtedly and sends out but feeble impulses, and this is why so many class it among the nervous disorders. Owing to the fact that our methods of examining the cell which makes up the nervous system is still at fault, for this reason we are unable to demonstrate that certain changes must certainly take place in the protoplasm by reason of the presence there of ptomaines due to auto-infection.

"Hodge and others proved that as a result of electrical stimulation, the nuclei of nerve cells become jagged and irregular and that protoplasm undergoes slight shrinkage in size and becomes vacuolated. These changes he also thinks take place in the cells in normal fatigue, but they recover their normal appearance if allowed sufficient time to rest. It is probable that in neurasthenia these changes also occur and that repair either does not take place at all, or only imperfectly. True, the causes given by writers are as numerous as the organs of the body that are supplied by sensory nerves. Notwithstanding this, there is one condition that is always present and without which true neurasthenia cannot occur. The prime etiological factor of a weakened nerve cell

in neurasthenia is auto-infection occurring from the stomach or intestinal tract.

"Given a neuropathic constitution a quasi-neurasthenia may be produced by other causes without infection from the intestinal tract, but true neurasthenia is not so produced. If it were confined to the nervous system entirely, relieving the excitation with rest would be all that would be needed. We have numbers of cases of reflex irritation without neurasthenia. Every oculist has cases where the correction of a refractive error has at once relieved all such symptoms. These cases are simple exhaustion without neurasthenia and like symptoms could be produced by excessive strain in a normal eye. The only treatment needed in such cases is physiological rest. It is a well-known fact that overwork does not cause neurasthenia, provided there is no great mental worry, which reacts upon the digestive organs and weakens them. Then comes faulty nutrition and the absorption of ptomaines and other imperfectly oxidized products into the blood.

"Read the description of the symptoms of the digestive organs in neurasthenia and compare them with those of nervous or catarrhal indigestion; you will find them nearly identical, yet we have indigestion without neurasthenia and we may also have stomachic and naso-pharyngeal catarrh without it, but in such cases the amount of toxic material is small, or the nerve cell is sufficiently protected by the antitoxine in the blood. We see this in acute indigestion; when we wash out the stomach relief comes at once. We should not call such cases neurasthenia, nor should we call them stomachic catarrh, nor any other case where normal health follows immediately on removing some irritation.

"True neurasthenia will last from one to five years and cannot be cured in a day. The course is usually like this: First the naso-pharyngeal secretions are swallowed and the disease extends to the stomach and intestines by continuity of structure and is the efficient exciting cause by reducing the vital function of the body sufficiently to allow the introduction of the toxic materials into the blood in sufficient quantity to poison the nerve cells. So long as normal digestion occurs there can be no neurasthenia, that is infection from the intestinal tube, and the direct cause can also be proved by the treatment that is most efficacious for this trouble."

Weir Mitchell has given us the best regimen to pursue, but the medicines which are the most valuable are the mercurials, notably the protoiodide of mercury, which seems to me to have the power of following the ptomaines into the liver, intestines and blood and destroying them. We all know the powerful antiseptic qualities of the mercurials, also their toxic properties, therefore in the exhibition of these remedies we must be careful not to abuse either them or our patients. I will later on give you the method in which I administer them, which is very simple and if carried out will effect a cure. Do not lay too much stress on the symptoms due to the sympathetic nervous system. This system in neurasthenia is only an overflow system from the cerebro-spinal and could not be the seat of the disease we are dealing with.

Now as to the treatment; first all cases of catarrh ought to be treated and if there are complications that can be dealt with surgically all the better, for the cure is then more certain. But simple constant cleansing two to four times daily with simple water will sooner or later cure naso-pharyngeal catarrh. Of course this is a long process, but as the patient can do it himself it is not expensive, neither is it of much use to the medical man from a commercial standpoint, but it is nevertheless true. So in all cases of stomachic catarrh the naso-pharynx ought to be cured, either by the above simple means or some more radical, first of all, else the stomachic treatment will be tentative at best and often when the naso-pharyngeal disease is cured, the stomach disease disappears at once. If not, then wash out the stomach once or more a day with warm water with a little salt or soda in it, but simple water will do the work here as well as if medicated.

A strict regimen in gastric catarrh is an essential that cannot be ignored, and the patient must be enjoined never to overload the stomach. Twice baked bread, boiled skim milk, ground lean beef made into cakes and well-cooked can always be taken in moderate quantities. The meal should always be preceded a half an hour with as much hot water as can be taken with comfort, say from one to three teacupfuls. And once to three times a week the one-eighth to one-fourth of a grain of protoiodide of mercury should be given at bed time, and if there is bowel inaction a combination of the bicarbonate of potash, say twenty grains, with enough aloes, should be given at bed time to procure a soluble state of the bowels; in fact the bowels should be kept open.

Now as to the treatment of neurasthenia, the same rule holds good to put the naso-pharynx in a healthful condition while the general care of the patient is attended to by means of the regimen advised by Weir Mitchell, but do not omit the medical treatment designed to render the intestinal tract aseptic, viz: protoiodide of mercury at bed time every night if needed in doses named. This can be much aided with a half drop of pure phenique acid with two drops of compound liquor of iodine a half hour before meals, followed by copious potions of hot water. Isolation and rest in bed with massage is of course essential in the severe cases, but the essentials are to lose sight as soon as possible of the apparent nervous symptoms and attack their cause by destroying the auto-infection and you will cure your patients surely.

---

# FURTHER OBSERVATIONS ON MELENA NEONATORUM.

*By W. Milton Lewis, M. D.,*
Baltimore.

An article upon melena neonatorum, by the author of this communication, appeared in the *New York Medical Journal* of February 1, 1896, in which observations upon three cases of this affection were recorded, and an extensive review of the literature added thereto. The writer now desires to add the histories of three more cases which he has had an opportunity of observing since his earlier publication. For the privilege of examining two of these cases, he is indebted to the kindness of his friend and colleague, Dr. Chas. H. Bubert. The other case recorded is a personal observation.

Case I.—On August 18, 1896, baby B. was seen for vomiting of blood. The history obtained was as follows: Child aged two days, male, was born of healthy Hebrew parents. Mother a multipara, this being her second child. Labor was normal and without difficulty, only a midwife being in attendance. Severe post-partum hemorrhage, however, followed, for which Dr. Bubert was called.

Two days later blood was first noticed coming from the baby's ears. Soon afterward, about 4 c. c. of liquid blood was vomited and the infant passed about the same amount of blood per rectum. Respirations were spasmodic, and slight jaundice was present. There was no hiccough. Death occurred eight hours later. No autopsy was permitted.

Case II.—On March 29, 1897, child M. was seen for the first time. The infant, a girl, was the third child of healthy German parents. No history of hemophilia was obtained nor was there any reason to suspect syphilis. The labor had been perfectly normal and had only lasted one hour. A midwife was also here in attendance. There was no special loss of blood. About sixty-three hours after birth, the infant was noticed to be somewhat jaundiced and during the day he vomited a small amount of blood. The vomiting con-

tinued for twenty-four hours. The matter ejected was frothy, dark red in color, contained some clots, and appeared to be undergoing butyric acid fermentation.

Respirations were sighing and it did not cry naturally, only moaning, occasionally emitting a shrill (cephalic) cry. It had nursed well during the first two days of life, but had since refused the breast. The infant had apparently reached only the eighth month of gestation. The stools continued dark (meconium?). There was no hiccough. Death occurred at the end of the second day of illness. No autopsy was permitted.

Case III.—On April 25, 1897, at midnight, the writer was asked to see baby D., who was vomiting blood. The infant was a male, five days of age. The parents were healthy, and were natives of this country. No history of hemophilia could be obtained and no suspicion of syphilis was entertained. The mother had had one child previously, a girl, now fourteen months old. Both children had been delivered by means of forceps. The little fellow was strong, but showed a considerable abrasion just behind and below the left ear, posterior to the tip of the mastoid process. This was due to the application of the forceps.

The infant was jaundiced and its respirations were frequently interrupted by a long drawn out sigh. Its temperature was normal, but the parents thought it had been elevated earlier during the day. He had vomited blood several times since birth, only a small amount, however, and had had several bloody, slimy stools.

During the following day a few blood stains were noted upon the napkin. The mother was much excited, having had a severe fright several days before, from which she had not yet recovered. Her milk was scanty and the breasts were very much indurated. Small doses of calomel were administered for several days. The child recovered and is now strong and well.

A very superficial survey of the literature which has appeared upon this subject since the date of the paper referred to above furnishes the record of seven cases. These added to the author's three make ten in all. Of these ten cases, five died and five recovered, a mortality of 50 per cent. One of the cases which recovered, it appears to the writer, would better have been called simply epistaxis, as the blood plainly came from the nares and was later swallowed. This was a case reported by C. Hochsinger in the *Wiener Medicinsche Presse*, No. 18, 1897. Autopsies were had upon three cases. It appears very unfortunate that the writer has been able to secure no autopsies. However, in the published records of autopsies it is remarkable that no lesion, in the great majority of cases, is discoverable in the intestinal tract.

Attention was called by the writer, in his former communication, to the findings in the central nervous system in cases of melena, and in that connection especial reference was made to the experimental work of Pomorski, who had succeeded in producing melena in rabbits by injuring certain definite areas in the floor of the fourth ventricle.

It is perfectly well known that a sufficient cause for cerebral injury during birth exists in the adaptation of the child's head to the maternal parts, consequent upon that process. Hence it appears to the author, in view of the exceeding rarity of instances in which demonstrable lesions of the intestinal tract have occurred, that more attention should be given to the examination of the cranial contents in cases of melena neonatorum.

A case was reported in the *Archives of Pediatrics*, No. 9, 1896, by Dr. J. L. Morse. The melena was associated in his case with rapid respiration and some spasm of extremities, and was considered by Dr. Rotch, who also saw the case, to be a bacterial toxemia. Here we see a case in which certain centers in the medulla are apparently involved. Vasomotor changes may be induced by chemical, thermal or mechanical irritants, and certain definite changes take place in the distribution of the blood, and hence in the nutrition of the tissues.

The fact that the intestinal canal almost always contains blood, without any apparent source of hemorrhage, would appear to indicate that the cause of the disease is some agent which has produced a transudation of blood, as it were, without any special anatomical change in the blood vessels. And where shall we look for such an influence but in the central nervous system? It has long been known that certain sensory stimuli have the power of exciting to increased activity certain glands which have to do with the secretion of the saliva, the gastric juice, etc. It has been demonstrated that the sensory nerve itself may be irritated by mechanical means, and the same results produced. It has also been proven beyond the shadow of a doubt that there exists in the floor of the fourth ventricle an area, an injury of which is always followed by melena. Now it has appeared to the writer plausible to suppose that, in the large majority of cases, at least, the traumatism incident upon delivery is responsible for the presence of this most interesting disease.

---

Common Sense Doctors.—The *Medical Brief* says that when the doctor is away from home and some member of the family falls ill, some one else must be called in to treat the patient. Then does the absent doctor realize acutely what sort of a man a physician should be, what he should know and what he should do. Every case of acute illness is an emergency case. It requires rapid and courageous action. The doctor must have common sense, judgment, experience and a certain amount of imagination in order to picture to himself existing pathology. Having detected the trouble, he must have exact knowledge of drugs in order to repair this damage. Important as hygiene is, it can do but little for the actually sick. Its influence is too mild and too slow. We must have *medicines* which will produce a prompt and profound effect. And the conscientious man has taken pains to make himself thoroughly familiar with his tools of trade. He knows the smell, taste and appearance of every drug he uses. He knows the difference between a good and bad preparation, the value of standard strength. He believes in the elegant preparations of latter-day chemistry because they are less trying to irritable stomachs and more readily taken by patients. This common sense doctor keeps up with the progress of therapeutics. When we see a new preparation highly recommended, or an old, half-forgotten one strongly endorsed, he deems it his duty to send for a sample and test it in the crucible of his own experience. He has much self-confidence and self-reliance, this favorite doctor of ours, and these two qualities, with his progressive and energetic character, have made him the successful man he is. He also keeps an eye upon his druggist. He knows that a percentage of them have betrayed the medical profession, and the common sense doctor is ever on the alert to see that he is not injured in a similar way. How safe we feel in the hands of such a man! Calm and collected, yet cheery and hopeful, the springs of human sympathy ever welling from the heart to the lips, his steady eye pierces the veil of flesh and spots the offending organ. He does not discourse learnedly about its histology and morbid anatomy, the patient cares nothing about that; but he does know how to relieve and restore it to a normal condition. He practices with accuracy and precision because his knowledge of therapeutics keeps pace with his knowledge of disease.

* * *

Painless Cauterization with Nitrate of Silver.— E. Saalfeld (*British Medical Journal*) recommends a solution of nitrate of cocaine in cases where local anesthesia is necessary, for example, for instillation into the urethra (Guyon). Its effect is as satisfactory as that of the hydrochlorate, and it forms no precipitate with the silver salt.

## Society Reports.

### RICHMOND ACADEMY OF MEDICINE AND SURGERY.

REGULAR MEETING HELD OCTOBER 26, 1897.

THE First Vice-President, Dr. Paulus A. Irving, in the chair.

*Dr. Jacob Michaux* reported "A Case of Typhoid Fever, Collapsing, with Unusual Absence of Cerebral Manifestations, Resulting in Death." It began with the usual symptoms, running on three or four weeks with nothing abnormal. About the beginning of the fifth week there was a fall of temperature and convalescence began. A week after there were decided evidences of intestinal disturbance from an unknown cause, but he suspected imprudence in diet. The patient rapidly grew worse, but (and this was an especial point of interest) there was a singular absence of cerebral symptoms. During the first part of the sickness she complained of the fear of losing her mind, but there was no delirium, although there might have been a little incoherence in going to, or awaking from, sleep, which was much less than he had ever seen in a severe case of typhoid. In the relapse there was a tendency to cerebral complications, the patient being occasionally unable to find the correct word, but she was conscious of it and embarrassed thereby, differing thus from the usual mental symptoms of typhoid. Dr. Michaux explained this absence; he had adopted the habit of allowing the bowels to run instead of checking them, believing that the detritus was gotten rid of and auto-intoxication avoided. In this case there were five or six stools in twenty-four hours, which he allowed to go on until there was complaint of weakness, when he used opium and lead, which acted well. This was during the first attack. During the relapse the bowel symptoms were marked and serious. The operations were allowed to continue and the following prescription, which seemed to produce no increase of the diarrhea, given every four hours: Calomel, one-twelfth grain; bicarbonate of sodium, one grain; and ipecac, one-twelfth grain. This was for asepsis and to stimulate the liver and eliminate the poison. He believed the unrestrained condition of the bowels accounted for the absence of cerebral symptoms and, for the same reason, there was little subsultus, although a slight amount of trembling when the patient was very sick. It might be argued, and with some reason, that while the course pursued relieved the system of detritus, it induced inflammation. Yet, when Epsom salt was given in acute dysentery the congested parts and the tendency to inflammation were relieved. He was not prepared to condemn *in toto* the Woodbridge treatment, but would not employ it indiscriminately.

*Dr. Virginius W. Harrison* reported a case of "Typhoid Ulceration and Perforation, with Operation." Youth, aged 18 years, no previous sickness. He had progressed well up to the twenty-four hours before Dr. Harrison saw him in consultation. On Friday, 22nd, he was attacked by a severe, persistent abdominal pain. Without advice, the father administered a large dose of whiskey. Early the next morning, 23d, the attending physician was sent for. Turpentine stupes were applied without relief. That night two doses of Epsom salt were given, another early the next morning, 24th. No operation resulting, castor oil was administered and late in the morning there was one. That afternoon Dr. Harrison was called in consultation and diagnosed perforating ulcer with septic peritonitis; prognosis, inevitable death without operation, which he advised. Consent being given, the patient was moved to Virginia Hospital, which he reached at 8.30 P. M. and the operation was done at 10 P. M. Incision was made in the median line and the perforation, which was easily found, was ascertained to be about the size of a goose quill and in the outer side of the ileum. Fecal matter was oozing from it. The abdominal cavity was full of pus and other fluid; the bowels filled with gas and suppurative peritonitis was general. The edges of the perforation were trimmed and it was closed by

three sets of sutures. The abdomen was irrigated with normal saline solution, several yards of gauze being inserted for drainage. The patient was put to bed in a condition better than that he possessed while on the table. Before the operation one pint of normal saline solution was transfused venously, which improved the state. During the operation strychnine was given hypodermically. The patient soon rallied, became conscious and conversed. In fifteen minutes the pulse began to fail rapidly and venous transfusion was resorted to. Improvement resulted, but the patient soon became so restless as to require holding in bed. He was called to the telephone, but before he could reach it, he was summoned back to find the patient dying.

Fifty-two operations for perforating typhoid ulcer have been reported, with 27 per cent. recovery, and the operation therefore is certainly worth the trial. The low condition of the patient is certainly no more a contra-indication for operation than in suppurative peritonitis or pyosalpinx.

*Dr. Mark W. Peyser* reported an "Exaggerated Case of Urticaria with Syncope." Woman, white; married; aged forty years; history of gastric and intestinal indigestion, and tachycardia which later he believed functional. At dinner, the patient had partaken of cabbage; had eaten little or no supper. Soon after dinner, she felt an itching on her left hip and thinking she had been bitten by an insect, she investigated, but could see nothing except an elevated patch. Following was a like sensation on the right hip, with like result; spreading rapidly until the face, trunk and all the limbs were affected, and urticarious patches as large as the palm of the hand appeared. Receiving an urgent call that the woman was dying, the doctor hurried to her bedside to find her recovering from a profound syncope. The patches were intensely congested and stood in relief from the surface about an eighth of an inch, with edges puckered like scar tissue. Nitroglycerine and strychnine were injected hypodermically, alkaline washes and enemata employed, and bromide of sodium given internally. Itching soon disappeared and the patient was up and about in three days. The only cause for the syncope that could be given was intense dilatation of the cutaneous vessels, depleting the heart and the internal circulation.

*Dr. Paulus A. Irving* reported a case of "Mechanical Intestinal Obstruction." The patient was found tossing in bed from excessive pain. The day before he had been perfectly well, had had a copious evacuation and ate a hearty supper. An hour after, there were violent abdominal pains, which persisted the entire night in spite of various household remedies. The pain was localized around the umbilicus, and there was considerable gastric disturbance. Enemata brought away only a slight action; but the stomach became easier. Calomel was administered and followed by a saline, which came back. The patient was seen several times during the day, and at night was removed to Virginia Hospital. High enemata were given, but they came back only slightly stained. The patient gradually grew worse and was finally operated upon. Five or six inches above the ileo-cecal valve was found a band so tightly hugging the gut that when it was severed it made a popping noise. The patient reacted well; but because of peritonitis and paresis, no evacuation was had until the next evening and this was produced only after several high enemata. Recovery was uneventful. For a long time the patient had suffered from constipation and was much emaciated. It was hard to say what produced the inflammation. About ten years ago, he had a similar attack, which must have been appendicitis, and the latter trouble might have been due to it. The appendix was not carefully sought.

MARK W. PEYSER, M. D.,
Secretary and Reporter.

---

STRYCHNINE IN CONSTIPATION.—The sulphate of strychnine is not only a valuable heart tonic and stomachic, but taken immediately before meals increases peristalsis, relieving constipation.

## THE TRI-STATE MEDICAL ASSOCIATION.

MARYLAND, WEST VIRGINIA AND PENNSYLVANIA.

THE Tri-State Medical Association of Western Maryland, Pennsylvania and West Virginia held its annual session in the Ballroom of the Bedford Springs Hotel, Bedford, Pennsylvania, on Thursday, July 15, 1897. The meeting was called to order by the President, Dr. E. T. Duke, at 2.30 o'clock P. M.

Dr. C. P. Calhoun of Bedford delivered an appropriate address of welcome, to which Dr. J. M. Spear of Cumberland responded in a graceful manner for the visiting physicians. Routine business followed. The following physicians were elected to membership: Drs. H. B. Bruner, Osterburg, Pennsylvania, H. S. Wishart, W. F. Enfield, Bedford, Pennsylvania, J. G. Hanks, Rays Hill, Pennsylvania, F. L. Campbell, Hopewell, Pennsylvania.

Election of officers for the next year resulted in the choice of Dr. W. P. S. Henry, Everett, Pennsylvania, for President; Drs. S. G. Statler, Alum Bank, Pennsylvania, C. C. Jacobs, Frostburg, Maryland, and J. W. Johnston, Davis, West Virginia, Vice-Presidents; Drs. Percival Lantz, Alaska, West Virginia, and F. W. Fochtman, Cumberland, Recording and Corresponding Secretaries, and Dr. H. W. Hodgson, Cumberland, Treasurer.

Regrets were received from Dr. Chas. A. Oliver of Philadelphia, Dr. W. J. Craigen of Cumberland, and Dr. Wm. B. Canfield of Baltimore, who were prevented from being present, and their papers were read by title.

*Dr. C. F. Doyle* of Cumberland Valley, Pennsylvania, presented a paper on "Typhoid Fever." He gave an account of an epidemic which occurred in his locality. The mortality had been seven in a series of forty cases. He used various kinds of treatment and advocated guaiacol carbonate. Much attention should be given to proper diet. Water, both internally and externally, he believed to be essential and should be used copiously.

*Dr. A. Enfield*, Bedford, said he had seen some of Dr. Doyle's patients and the epidemic had been a very severe one. In the treatment of the fever he believed antisepsis of the intestines the most important feature. Food prolongs the fever by causing indigestion and leaving undigested matter in the bowel, which acts by increasing fever. All food used in the course of this fever should be sterilized. Water in abundance should be used. He prefers hot water baths instead of cold.

*Dr. Geo. H. Carpenter*, Cumberland, said he thought the discussion of the mode of transmission of typhoid fever very important, because of the almost constant presence of the fever in our State.

*Dr. A. B. Brumbaugh*, Huntington, Pennsylvania, spoke of an epidemic at Lewisburg, Pennsylvania. He said he believes the time will come when the fever can be aborted by destroying the germ. He had given bichloride of mercury successfully and arrested the fever in the early stage.

*Dr. S. H. Gump*, Bedford, spoke of mercury having been used thirty years ago, but he did not advise it now. All water consumed should be boiled.

*Dr. C. P. Calhoun*, Bedford, related some cases which had occurred in his practice in the Cumberland Valley, Pennsylvania, from an infected well. He thinks acetanilid useful in early stages, but dangerous later on account of the heart.

Drs. Brotemarkle, Duke, Spear and others took part in the discussion.

At this time it was decided that the other papers which were in some measure related to the one under discussion be read and the remainder of the time be given to a general discussion of all the subjects presented.

*Dr. C. C. Jacobs* of Frostburg read a paper entitled "Auto-Intoxication," which was well written and attentively listened to.

*Dr. Wm. H. Daly* of Pittsburg, Pennsylvania, read a paper on "Some of the Digestive Disorders Caused by Naso-Pharyngeal Catarrh." (See page 73.)

(CONCLUDED NEXT WEEK.)

## Correspondence.

### DR. JOHN N. MACKENZIE AND THE UNIVERSITY OF MARYLAND.

605 WASHINGTON PLACE,
November 8, 1897.

To the Editor of the MARYLAND MEDICAL JOURNAL:

*Dear Sir:* — The sudden severance of my relations with the University of Maryland having given rise to much professional comment and surprise, I deem it proper to lay the entire correspondence on the subject before the profession in order to avoid misapprehension in any quarter.

605 WASHINGTON PLACE, October 6, 1897.

*Dear Dr. Mitchell:*— I understood the other day from Dr. Thomas that you were coming to see me in regard to the change in the schedule of clinics at the University which has just been made without my knowledge or consent and by which I have been assigned an hour in the afternoon when the students are more interested in dinner than in medicine. As you have not called, I write to say that, for very many reasons, it will be not only impracticable, but also impossible to hold my clinic at the hour assigned to me on the card. I seem to have thoroughly misunderstood the object of your visit the other morning and must express great surprise at the unusual manner in which I have been treated. I must also insist in giving my clinics and lectures at one o'clock in the amphitheater, as I have done in the past. Yours sincerely,

JOHN N. MACKENZIE.

UNIVERSITY OF MARYLAND, FACULTY OF PHYSIC, October 17, 1897.

JOHN N. MACKENZIE, M. D.

*Dear Sir:*— I have brought your communication concerning the hour assigned you in the schedule before the Faculty of the University of Maryland; and have been directed to write you. In the first place, I wish emphatically to disclaim any personal responsibility for the change made. I stated explicitly to the Faculty that I would gladly give the clinic on children at any hour assigned, and certainly made no request to be given the hour of one o'clock on Wednesday. After considerable talk concerning the arrangement of ward, dispensary and amphitheater clinics, attention was called to the fact that the amphitheater is entirely unfit for purposes of instruction in laryngology. The minutes of the meeting then read: "Prof. Tiffany moved: That the hour of one o'clock Wednesday be given to the clinic on children, and that the Dean be instructed to arrange with Professor Mackenzie for work in the Dispensary." This motion was carried without dissent. I fully agree with you in the opinion that it would have been proper to defer action on this point until you had been consulted; but the arrangement of a schedule for a four years' course is a very complicated and perplexing matter, and in the hurry to complete the work, the Faculty overlooked the very apparent courtesy due you. That oversight I greatly deplore, especially as you seem to have held me personally responsible for it. At present we have nine men holding public clinics in the amphitheater. Obviously other hours than one o'clock must be allotted to three of them. The clinic on children has been held for the past thirty years at that hour; and as the clinic is largely attended (the branch being also a didactic one) the Faculty thought proper to assign one o'clock on Wednesday to me. I am very sorry that you misunderstood me concerning the temporary character of the arrangement. That had reference only to the place and not to the hour. I had understood that you yourself did not regard the amphitheater as the proper place for the purpose and the Faculty proposed, as soon as the hospital is fully equipped, to give you a smaller and better equipped room. Regarding the half-past two hour, I would say that other clinics are held at that time, and in spite of the apparent conflict with dinner, they are well attended. As you will see by referring to the printed schedules, nearly all the students at the University are assigned some work at that time. I sincerely hope that this explanation will be satisfactory to you and that you will still find it convenient to give the University your valuable services, at the stated hour, or at some other time which we may find more suitable to you.

Very truly yours,

C. W. MITCHELL.

October 26, 1897.

DR. CHARLES W. MITCHELL, Dean.

*Dear Sir:*—You state in your communication of the 17th inst., in reply to mine of the 6th, that it would have been proper to defer action on this point (viz, the transfer of my hour to you without first consulting me) "until you (I) had been consulted" and that "in the hurry to complete the work, the Faculty overlooked the very apparent courtesy due to you (me)" and assigned to yourself the hour on Wednesday for clinical lectures on children which had been set apart for that work for thirty years. I am pleased to learn that the very apparent discourtesy, as you describe it, was a hasty procedure and was not intended as a personal affront to myself, but you are certainly mistaken in your statement that the clinic on children has been held for the last thirty years at that hour. Dr. Donaldson during the whole time (twenty years) that he was a member of the Faculty gave his clinic at that very hour and on that very day; and during the ten years that I have been a member of that body I have delivered my lectures at that hour and on that day. Dr. Howard gave his clinical lecture on diseases of women and *children Thursday* at one o'clock, a fact of which you are very well aware, inasmuch as you attended them yourself when a student at the University. The subject of diseases of children has always been taught by the Professor of Gynecology as a part of his regular course and a clinic on the diseases of children has never had separate existence until today. I do not understand how a chair which did not exist until the present session could have held a clinic for thirty years. Nor do I understand, that being the case, why I should have been the one selected to give up an hour I had occupied for ten years to one who has quite recently entered the Faculty and who for the first time delivers lectures on diseases of children. You quote from the minutes of a Faculty meeting held long before I was made acquainted of any contemplated change in the schedule of lectures and lead me to infer that such a resolution was passed at the Faculty meeting at which my note was under consideration. You add that the motion was "carried without dissent." Naturally, as the only one whose rights were infringed upon, myself, was not present to dissent and therefore had no say in the matter. Without going into the merits of the question as to who is the better judge of how laryngology had best be taught, I would simply say that a large part of the subject has been taught in the amphitheater in the past, and that the amphitheater (better fitted now for the work than in the old hospital) is the place, no matter what the hour, where it will be taught in the future, if taught at all. I fully agree with you that the arrangement of the schedule may be a difficult matter; but it did not seem to require any gigantic effort of executive genius on the part of its framer to transfer me to a later hour in the afternoon and to give my hour to you—the only change that I can see has been made in the old schedule of clinics. I thought that I had made myself sufficiently understood in my note to you. Let me repeat. It will be both impracticable and impossible for me to hold my clinic at any hour in the afternoon other than one o'clock, impracticable for reasons as well known to yourself as to me and which are too numerous and obvious to require discussion—impossible for the reason that after two o'clock every afternoon I hold my clinic and am scheduled for work at the Johns Hopkins Medical School—a fact that I supposed was generally well known. I am, with due respect, yours, JOHN N. MACKENZIE.

---

November 5, 1897.

PROFESSOR JOHN N. MACKENZIE.

*Dear Sir:*—At a meeting of the Faculty of Physic of the University of Maryland, held November 2, 1897, the following motion was carried: "*Resolved*, That the Dean be instructed to inform Professor Mackenzie in response to his letter of October 26, that the Faculty, in view of the repeated failure of Professor Mackenzie to hold his clinic at the appointed hour during the session for a number of years past, concluded that the interests of the School and of the students would be better served by making such changes in the hours for clinical teaching, as it has effected, it being the opinion of the Faculty that information could be, with equal efficiency, imparted in laryngology and rhinology, in other rooms of the hospital as in the amphitheater, and that, its schedule having already been arranged, the Faculty regrets that it cannot now alter it." Very truly yours,

C. W. MITCHELL, Dean.

605 Washington Place,
November 6, 1897.

Dr. C. W. Mitchell, Dean.

*Dear Sir :*—In replying to your communication of yesterday, received today, and in closing this correspondence, I cannot refrain from directing your attention to the shifting grounds which you have assumed in it. In your letter of the 17th ultimo, you stated, in effect, that the conduct of the Faculty towards me involved a very evident discourtesy in assigning my hour for lecturing to you without my knowledge and consent and you have later failed to take any notice of the discrepancy in your statements in regard to the hour I occupied and the well known facts in the premises which I pointed out. You now base the conduct of the Faculty upon different grounds. You state in your letter of yesterday that my hour was taken from me for the reason that during a number of years I failed to give my lectures at that time. If any dissatisfaction on the part of the Faculty in regard to the manner in which I have discharged my duties in the University has ever existed, no intimation of the kind was ever made to me, and I have no right to suppose that the Faculty was ever in any way displeased with my work. If there be any weight or force in your allegation, it is certainly remarkable that I should have been invited year after year for ten successive years to fill the position. I dislike very much to be obliged to call your attention again to another incorrect statement of fact. If the Faculty believes that I have repeatedly failed to give my lectures at one o'clock for a number of years, they have been certainly misinformed and mislead. One session, for several weeks, I was unable to lecture on account of a severe attack of the "grippe." From a similar cause you yourself were not able to lecture last year for more than two months. Last winter, in consequence of the very limited facilities for clinical instruction in the improvised makeshift of a hospital, during the erection of the new one now completed, there was no suitable place for giving my clinical lectures. The difficulties then in the way of holding my clinics, of which you were well aware, were on several occasions laid by me before the then Dean, Professor Coale, and, with his concurrence, it was decided finally, that, instead of holding a regular clinic during the remainder of the session, my chief assistant should give a class demonstration in the Dispensary. This was done by him and his assistant regularly every Wednesday and the demonstrations were attended, as my Demonstrator, Dr. Thomas, tells me, as regularly and largely as the meager accommodations of the place would admit of. In addition to these, the class received, in sections, two demonstrations weekly, of an hour each, from the first of January to the close of the session. You were perfectly well aware of the above arrangement, as you spoke to me yourself of the excellent work which these gentlemen had done. And certainly this was a much better arrangement than to have made none at all, as in your case. For during your long illness no lectures were given on clinical medicine during the hour assigned to you, although I read in the University Catalogue that there are three other lecturers in clinical medicine—to wit—Drs. Canfield, Gichner and Fulton. Nor were there any lectures delivered on materia medica (then embraced in your branch) although doubtless that excellent pharmacist, Dr. Culbreth, might have been engaged to deliver them then as well as now. I cannot but consider that this is a most unjust and unfair discrimination against me. As you also well know, I was not the only member of the Faculty who failed to give clinical lectures last winter for similar reasons, without any notice being taken of the fact. If I had had any intimation of any dissatisfaction on the part of the Faculty, I certainly would not have consented to continue my connection with an institution which censured me, while others were permitted to go without rebuke. As the conditions under which I originally accepted my position in the Faculty have been completely changed, and, as you admit, discourteously changed, without first consulting me; as you assign certain reasons for the change at one time and different reasons at another, as the correspondence shows; and in view of all that has occurred, it is hardly necessary to add that my connection with the University of Maryland is at an end.

With due respect, yours truly,

John N. Mackenzie.

---

Regretting this encroachment on your valuable space, I am, yours truly,

John N. Mackenzie.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, NOVEMBER 13, 1897.

*Maryland Public Health Association.*

THE Maryland Public Health Association, which is the outgrowth of the Public Health Conference of the Association of Health Officers of Maryland, met last February at the instigation of Dr. Edward M. Schaeffer and soon organized into a body which has already accomplished much good for the State. The Association is composed not only of physicians, but laymen as well, and it has been very gratifying to note the good effects of its work on the whole State. The meeting, which will be held on the 18th and 19th, promises to be productive of much benefit and should be of a character to attract a large audience. The prevalence of typhoid fever and the local outbursts of diphtheria will doubtless be considered in the deliberations and the old subject of water purification, especially in connection with the Potomac River, will bring forth animated discussion. The programme, which has been arranged with great care, is as follows :

PROGRAMME.

*Day Session at 2 P. M., Thursday, November 18, 1897:*

Sanitary Ordinances — Post-mortem, Dr. Howard Bratton, Elkton.

Report upon the Causes of Typhoid Fever, from Recent Experience in Baltimore County, Dr. Purnell F. Sappington, Govanstown.

Soil and Water Pollution, Dr. John S. Fulton, Baltimore.

Disinfection, Dr. A. C. Abbott, Philadelphia.

Disinfectants, Dr. W. R. Stokes, Baltimore.

*Night Session at 8 P. M.:*

Slaughter-Houses in their Relation to Human Disease, Dr. Ch. Wardell Stiles, Washington, D. C.

Some Prevalent Diseases of Domestic Animals in Maryland, Dr. A. W. Clement, Baltimore.

Hog-Pens and Slaughter-Houses in Town, Dr. S. S. Maynard, Frederick.

*Friday, November 19, Executive Session at 11 o'clock:*

Report of the Executive Committee upon Constitution and By-Laws.

Announcement of Committees.

*Afternoon Session at 3 o'clock:*

Sanitary Condition of the Public Schools of Baltimore, Dr. W. Dulany Thomas, Baltimore.

Observations on the Hygiene of the Public Schools of Howard County, Dr. S. J. Fort, Ellicott City.

Report upon an Inspection of the Public Schools of Baltimore by the Good Government Section of the Arundel Club, Mrs. Daniel Miller, Baltimore.

School Life and Children's Eyesight, Dr. Hiram Woods, Baltimore.

*Night Session at 8 o'clock:*

Joint Meeting with Medical and Chirurgical Faculty of Maryland, subject, The Sewerage of Baltimore.

The Report of the Sewerage Commission, Dr. James F. McShane.

The Relation of Sewage-Disposal to Public Health, Dr. Wm. H. Welch.

The Relation of Typhoid Mortality and Sewerage, Dr. Wm. Osler.

The Influence of Crude Sewage upon Animal Life in the Bay, Prof. Wm. K. Brooks.

Methods of Disposal of Sewage, Dr. Geo. H. Rohé.

Will it Pay? Dr. John S. Fulton.

General Discussion.

All physicians are cordially invited.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 6, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 18 |
| Phthisis Pulmonalis | | 19 |
| Measles | 21 | |
| Whooping Cough | 5 | |
| Pseudo-membranous Croup and Diphtheria. | 60 | 11 |
| Mumps | | |
| Scarlet fever | 20 | 1 |
| Varioloid | | |
| Varicella | 1 | |
| Typhoid fever | 9 | 2 |

A colored woman has applied for permission to practice at Atlanta.

In Glasgow the ice cream is examined as carefully as the milk.

The Harvard Medical School has received several legacies recently.

The medical profession is represented on the new State Legislature and City Council.

The new gynecological addition to the Johns Hopkins Hospital has been completed.

The frost is doing very effective work in stamping out yellow fever in the south.

Sanarelli will lecture before the various medical schools of Europe, if reports are true.

Virchow's famous *Archiv* is fifty years old. The editor is as vigorous and progressive as ever.

Dr. Gould's new journal is to be called the *Philadelphia Medical Journal* and it will appear once a week.

The Hospital for Crippled Children, at Baltimore, has recently had another bed endowed. It is a very worthy institution.

The Esquimaux brought by Lieutenant Peary to this country are suffering from lung disease, which is unknown to them in Greenland.

The Luxfer prism windows, through which light is collected and introduced into otherwise dark rooms, have been introduced into Baltimore.

Dr. Freire of Rio Janeiro and other physicians of the same place have serious doubts of the value of Sanarelli's alleged discovery of the yellow fever organism.

Dr. Berdoe of London, in criticizing Dr. Henry J. Berkley's experimental work on thyroid treatment, has been unjustly accusing him of cruelty to patients.

Dr. Henry Page of Baltimore, late chief of the Medical Clinic of the University of Maryland, has passed a successful examination as army surgeon and has reported to Washington for duty.

At the last meeting of the Gynecological and Obstetrical Society of Baltimore the general profession was invited to be present. Dr. Wm. M. Polk of New York was announced to read the leading paper.

For thirty-two acres in New York City there are 986.4 people to the acre. The nearest approach to this congested condition is a little spot in Bombay, where there are 759.66 to the acre. The densest London district has only 365.3 people to the acre.

Dr. Richard McSherry, a nephew of the late Dr. McSherry, and formerly of Baltimore, has returned to this city after a sojourn in Chicago and has begun practice here. He has been made chief of the Medical Clinic at the University of Maryland.

The State Board of Health of California has issued orders directing physicians in charge of asylums to segregate consumptives and report the number in each asylum. This is said to be preliminary to the enforcement of rules for segregating consumptives in all health resorts.

Dr. C. W. Chancellor, formerly United States Consul at Havre, France, has taken a house at 12 East Eager Street, Baltimore, where he will practice, limiting his work to rheumatism and diseases of the kidney. He will also look after the interests of the Berkeley Springs Sanitarium, of which he is the practical head.

At the recent meeting of the Mississippi Valley Medical Association the following officers for the ensuing year were elected: Dr. John Young Brown of St. Louis, President; Dr. A. P. Buchman of Ft. Wayne, Indiana, First Vice-President; Dr. A. J. Ochsner of Chicago, Second Vice-President; Dr. Henry E. Tuley of Louisville, Secretary.

## WASHINGTON NOTES.

SECRETARY GAGE has issued an order that hereafter sick certificates must be issued by regular practicing physicians; that those issued by doctor clerks and employes of the various departments will not be recognized.

At the annual meeting of the Woman's Clinic, Tuesday evening, Mrs. Sherwood was elected President, Drs. Lamb and Reyburn Vice-Presidents, and Mrs. Case Secretary. The staff consists of Drs. Heiberger, Smith, Richards, Norris, Jung, Kappelar, Thomas, Portman, Squiers and Baker. Consulting staff: Drs. Bryan, Burnett, Johnson, Parsons, Yarrow, Prentiss and Reyburn. Dr. Ida J. Heiberger is superintendent of hospital. Last year's report shows 5274 visits at the clinic.

The annual report of the health officer, Dr. Woodward, has been submitted to the Commissioners. It gives the population of the District at 277,782, with 32 per cent. colored.

The number of deaths occurring during the last year were 5737, of which 3216 were white. Death rate being lower, with one exception, than in any of the previous twenty-two years. A remarkable feature of the mortality table is the low death rate in the alleys, being 20.34 as compared to 20.74 for the whole population. There is a great decrease in the number of deaths from typhoid and diarrheal diseases which is due to closing of surface wells, better sewage and inspection of milk.

There were over 5000 births, 573 of which were illegitimate. Under the act to practice medicine 966 physicians have registered. The total number of patients treated by physicians to the poor were 28,052, with an average cost of sixty-nine cents per patient. School sanitation, Eastern Branch, The Crematory, Dairy Evils and other subjects are taken up and discussed at length.

## Book Reviews.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By Leading Authors of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In Twenty Volumes. Volume IX. "Diseases of the Digestive Organs." New York: William Wood & Company. 1897.

The volume contains monographs on the local diseases of the mouth, the diseases of the intestines, hernia, diseases of the spleen, liver, gall-bladder and on movable kidney. The contributors are C. A. Ewald of Berlin, Kendal Franks of Johannesburg, S. A. Republic, V. P. Gibney of New York, C. Gioffredi of Naples, W. Kuemmel of Breslau, J. Mikulicz of Breslau, J. B. Murphy of Chicago, M. Semmola of Naples, A. Stengel of Philadelphia, J. B. Walker of New York.

Of the greatest interest to the general reader is undoubtedly the section devoted to the diseases of the intestines. Coming from the pen of Ewald it should be regarded as an authoritative work upon the subject, and received as such. It is, moreover, the only work in the English language which is thoroughly up to date. In the chapter on appendicitis we note with pleasure that due credit has been given American writers for their important share in the establishment of the true relation existing between typhlitis, perityphlitis and appendicitis. The neuroses of the intestines, however, should have received more attention and we note with regret that amoebic colitis has not been considered at all. This is the more surprising, as no reference is made to the amoeba coli in the section on the intestinal parasites in Volume VIII. Murphy's article on the diseases of the gall-bladder is likewise very important, and physicians should bear in mind that "the great majority of gall-stone attacks are without jaundice either during or following the attacks."

In the examination of the patient the significance of the tongue-like process of the liver has not been mentioned. We note that Purckhauer's mechanical treatment of gall-stones is condemned, as being not only useless, but dangerous. It is easy to verify the correctness of this statement in the post-mortem room. The importance of surgical interference in cholelithiasis is very justly emphasized. In the section on the diseases of the liver, coming from Semmola (now dead), and Gioffredi, we observe with astonishment that the relation existing between the amoeba coli and tropical liver abscess is not considered. Franks' monograph on movable kidney is excellent and his stand as regards operative interference well taken. The translator's work on the whole has been much better done than in Volume VIII. "Geheim" Medicinalrath, however, is painful to the eyes of the German student. The index is

not complete ; the illustrations are fair and the typography of the volume satisfactory.

HYPNOTISM AND ITS APPLICATION TO PRACTICAL MEDICINE. By Otto Georg Wetterstrand, M. D., Member of the Society of Swedish Physicians at Stockholm ; Corresponding Member of the Society for Psychical Research, London ; Corresponding Member of the German Society for Psychical Research, Munich ; Authorized translation (from the German edition) by Henrik G. Petersen, M. D., Member of the Société d'Hypnologie et de Psychologie, Paris, etc. Together with Medical Letters on Hypno-Suggestions, etc., by Henrik G. Petersen. New York : G. P. Putnam's Sons. 1897.

Looking over this interesting work, lately "upset" into English, we can but reiterate the words of the translator in his preface which confesses that intelligent and lucid dissemination of psychological medicine is needed in this country, where more than elsewhere, perhaps, such knowledge has long been riotous or apathetic, presented either by enthusiastic ignorance or by a too confident conservatism. Much of the disintegrated and unsatisfactory condition complained of is owing to the obsolescent methods of the metaphysicians, who, laboring more than they have advanced, have manoeuvered a great deal, but have gained no ground. With the newer scientific methods of psychology which regards it as the physiology of the sentient organism, or as the study of mind in general, based upon observation and experiments, we enter upon a new field already showing fertility in results.

As to hypnotism in itself, a diversity of opinion exists among those most capable to judge, and there seems to be no end of books on the subject in various languages, over eleven hundred volumes already having appeared, not to mention numerous pamphlets and journal articles. The work of Baron Nils Posse, of Moll, and the paper of Dr. Bramwell in *Brain*, Part IV, 1896, give comprehensively about all that is known of the subject. It is a matter of surprise that hypnotism still attracts so much attention, especially in this country, where it has entered even into legal medicine, opinions being sought in the case of Spencer Young, which was tried in New York State. (See *Medico-Legal Journal*, March, 1897, pp. 529-545.)

After various investigations by the schools both at Nancy and Paris, the matter was dropped some years ago by the best neurologists as unworthy of serious notice, and several articles on the "Passing of Hypnotism" have appeared in the journals of our own country from time to time. Moreover, for curative purposes its use is very limited and rarely useful; some authorities declare it altogether useless and often injurious.

Perhaps there may be some connection between hypnotism and psychic research, or it may have some relation to the phantasms of the living, so many instances of which may be cited. However, absolute impersonality as to our views on hypnotism does not admit the disparagement of honest work that has for its object the breaking up of absurd notions upon any subject and the consequent removal of obstacles to its advancement. The clinical method advocated by the author and by the translator of the work in question seems to be a step in the right direction, and we heartily commend the book to all who are pursuing the investigation of its subject-matter.

---

*The Western Medical and Surgical Gazette* issues its first number at Denver, Colorado, under the editorial control of Drs. Wm. N. Beggs and Lincoln Mussey and a large number of collaborators. It is to be published monthly at two dollars a year.

---

## REPRINTS, ETC., RECEIVED.

The Treatment of Malaria. By Judson Daland, M. D. Reprint from *International Clinics*.

The Diagnosis of the Morphine Diseases. By J. B. Mattison, M. D. Reprint from the *Medical Record*.

The Post-Active Treatment of Narcotic Habitués. By J. B. Mattison, M. D. Reprint from the *Journal of the American Medical Association*.

Proceedings of the Public Health Conference, held at the Hall of the Medical and Chirurgical Faculty of Maryland, February 17 and 18, 1897.

Spontaneous Rupture of the Aorta Exclusive of Ruptured Aneurisms ; with an Analysis of Fifty Cases. By Delano Ames, A. B., M. D., and W. Guy Townsend, M. D. Reprint from the MARYLAND MEDICAL JOURNAL.

## Current Editorial Comment.

### TYPHO-MALARIA.

*Pennsylvania Medical Journal.*

We believe that the term typho-malarial will soon be relegated to the obsolete list, for with the cause of both typhoid and malarial fevers known and capable of demonstration, the ante-bacterial and protozoal theories held by clinicians must necessarily fall when unsupported by modern microscopical investigation.

### LONG PAPERS.

*Medical Age.*

Medical associations have become altogether too unwieldy, owing to the tendency on the part of young men to present long papers, the sole purpose of which is getting their names into type and securing reprints with which to advertise themselves throughout the length and breadth of the land. To put it modestly, eight-tenths of the material offered for publication, even in the best of journals, would be of more benefit to the world if it received a final resting place in the waste basket. We may say on top of this that the editors who supervise articles going into their journals are extremely rare; indeed the number of medical men is "Legion" who assume to dictate to the editor as to the publication of papers.

### ALCOHOL.

*Canadian Journal of Medicine and Surgery.*

We think that the medical profession are perhaps as temperate a class of men as any other in the community, and are much in favor of spreading the temperance cause throughout the country as are their neighbors, but at the same time they know enough of the duty they owe to their patients, as well as of professional ethics, to refuse to be influenced by extreme faddism. Alcohol as a medicine should be at least safe from outside assault in the chemist's laboratory. It serves its purpose admirably, in fact is indispensable. Its use as a therapeutical agent will be gladly discontinued when a substitute as efficacious as it has proved to be can be found; and we will be pardoned if we add that a great many people run their lives upon the same plan as the great reviewer who found fault with the way everything was done but never committed himself by saying how anything could be done better. The destructive tendency is seldom allied to the constructive.

## PROGRESS IN MEDICAL SCIENCE.

The medical profession recognize the necessity of correct diagnosis, but should not forget that the public estimate the doctor's skill, not by his familiarity with technical details, but by actual results. See to it that your prescriptions are filled as written.

---

Diet is vital in diabetes. Bread from ordinary white flour aggravates the disease in spite of medicine, and bran bread and other substitutes are so unpalatable and expensive, patients cannot use them with satisfaction. Physicians find this a serious drawback in their practice. For this reason we are glad to remind the medical profession of the "Special Diabetic Flour" made by Farwell & Rhines of Watertown, N. Y., which seems to have general and hearty endorsement wherever tried. The makers believe in their goods, hence their liberal offer of free baking samples. Write them for particulars regarding this and other valuable sanitary flours for dyspepsia, constipation and obesity, and the new diuretic "Barley Crystals."

"Grip."—C. A. Bryce, A. M., M. D., Richmond, Va., Editor of *The Southern Clinic*, in writing upon the above subject, during an epidemic of la grippe, said: "The fatalities from pneumonia, meningitis and other complications have been fewer, showing plainly that we are gradually gaining an immunity from this zymotic invader. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nervous sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encourage action of skin and kidneys, with possibly minute doses of blue pill and quinine or calomel and salol. We have found much benefit from the use of Antikamnia and salol in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from Antikamnia and codeine. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time."

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No.6. BALTIMORE, NOVEMBER 20, 1897. WHOLE No. 869

## Original Articles.

# NUTRITION.

*By William F. Barclay, A. M., M. D.,*
Pittsburg, Pa.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF MARYLAND, WEST VIRGINIA AND PENNSYLVANIA, AT BEDFORD, PA., JULY 15, 1897.

NUTRITION is life itself; it sustains and builds all the tissues of the body. The correlation in physiological growth and waste is at all times under the control of the normal equilibrate action of the vital forces. To nourish in the close sense of the word eliminates entirely elaboration by the various organic actions and becomes living tissues in the process of disintegration and repair of the living body. To build the body from the moment the elements show an affinity that enter into its first cause constitutes the process of nutrition of intra- and extra-uterine development. Intra-uterine growth and development is modified by the atoms and molecules that constitute primary development and the nutrition afforded by the mother. The nutrition of the mother is of vital importance to the child in uterine development, being modified by the atoms and molecules supplied by the father in its first cause.

The careful observer discovers the deleterious effects upon the child in the malnutrition afforded by the vital economy of the mother in intra- and extra-uterine life. The importance of this truth cannot be over-estimated in the care and treatment of infants. The modification of nutrition by the elements that enter into primary existence is not less important than the care and treatment of children in selecting proper food for their sustenance in infancy and childhood. Nutrition in a general sense in the composition and decomposition in organized bodies certainly comprehends digestion, absorption, respiration, circulation and assimilation, the latter being nutrition properly so-called and being effected in the intermediate system over the whole of the body, the cells of the tissues attracting from the blood the elements necessary for their growth and reparation.

From our knowledge of growth and repair we deduce our own conclusions of the care we should exercise in the selection of food and its proper digestion and assimilation in our efforts to sustain life and health. Nutrition is the normal supply of nourishment to the body and is the adjustment of the growth and waste of the body. Nature in her varied demands seems to suggest that which she needs for the sustenance of life and health.

The appetite indicates that which the body needs for the sustenance of life and strength. The consideration of

supply and demand and the normal exercise of the vital functions in a temperate use of that which is afforded by a reasonable effort to sustain and prolong vital existence. Although systemic causes exist that have been inherited or acquired, it is evident that environment at all times has an influence upon physical life in its efforts to maintain its equilibrium in the natural universe. The causes that are antagonistic to the perfection of physical life are internal and external, and the more fully we comprehend the forces that control our individualities the better we understand the care we should exercise in our lives of the condition we call health.

"Man, know thyself," is an imperative command in physical and mental economy and should at all times be obeyed in the care of the body and mind. The selection of food to be eaten by man is an important question in the preservation of life and health. It is not less important that food should be properly prepared to be eaten so that it is palatable and easily digested and assimilated. It can be fairly stated that only a small percentage of the people in the United States know how to live. When we observe the food selected and its preparation to be consumed by the larger part of our people it is not to be wondered at that we are a nation of dyspeptics. Perhaps no vital question has received less thought and consideration than that of proper nourishment of the body. It would seem that the larger part of the human family "give no heed as to wherewithal ye shall be clothed and fed." As a rule Americans give more thought and study to the protection and care of animals than they do to themselves. Animals eat less bad food improperly prepared than is consumed by man. We as a nation eat too rapidly, in fact give little attention to the manner we take our food. We pass our school days and receive our degrees from our medical colleges and we have not heard a single lecture on the subject of dietetics. The ordinary direction by doctors to their patients as to diet is little less than stupid and criminal and the prepared dietaries published and sent out a comedy of errors. That man would seldom be ill if he lived correctly is certainly true.

The people seem to ask the medical profession the momentous and important question: "What shall we do to lessen the burden of life and the ills that daily blight our existence?" The complaint comes to us as medical men in our daily work, as to how man shall be fed and nourished. Food fit to be eaten by man is so varied that it would seem easy to select from the storehouse of nature sufficient to supply man's wants. The fact that man is omniverous in his constitution enables him to supply his wants from the universe of the vegetable and animal kingdoms of the earth. The earth in its vastness affords, in its innumerable fountains of pure water, drink which is at all times the safest drink to assuage thirst. Water used internally and externally cleanses both interior and exterior of man's body. Cleanliness is next to Godliness, and is to be obtained by a free and judicious use of pure water.

Pure water is just now a serious question that is being considered wherever large numbers of persons are congregated in towns and cities. The considerable removal of our forests has dried up the fountains on many hillsides and the rivulets that traversed many valleys to moisten the earth and air. The rivers are narrowed in their boundaries and their waters are polluted so that pure water fit to be used by man is difficult to obtain. There is nothing so essential to man's comfort and welfare as water. Pure water fit to be used as drink to assuage man's thirst is hard to obtain in large towns and cities. A drop of water under the microscope has startled and dazed the minds of scientific men, nor does this reveal all the danger that it contains. The myriads of living animal and vegetable germs that are contained in a drop of water are sufficient to cause the blight of death to almost depopulate communities. A scientist once said when exhibiting an ounce of clear, crystal-looking water, that it contained enough bacteria to almost depopulate the city of London in a few days if

properly applied. Water is an essential constituent of the human body and the quantity consumed each day internally and externally is estimated at five gallons per capita. The correlation of endosmotic and exosmotic physiological action in the nutrition of the human body constitutes all the functions that sustain life. Normal physiological law is sufficient in the different processes which enter into digestion and assimilation to sustain life when the offices of the different organs are in a healthy condition. It is in the pathological condition of one or more organs that the essential element of disease is established.

The process of digestion and assimilation is modified by so many different elements in organic and functional life that it is one of the most important and essential studies in scientific medicine. Nutrition is primarily essential in the growth and development of the human body, being at all times modified by perfect physical organization and the quality and quantity of food consumed and its proper assimilation, Age is an important consideration in the study of nutrition of the human body. In the young, digestion and assimilation are more vigorous and the quantity and selection of food is less important than in the aged. After middle life the requirements of the body are less as tissue waste is less active and physical exercise less vigorous. The normal condition of the different functions that enter into the varied processes of digestion and assimilation must be carefully studied and thoroughly understood to enable the careful physician to direct the patient in the care and treatment of diseases of the digestion and assimilation of the body. Physiologists have studied and approximately determined the offices of the different organs that perform a part in digestion and assimilation in a careful study of the various functions that enter into this most intricate and important vital system.

It would seem from discussion and arguments used in recommending foods that are the products of the laboratory said to be closely allied in composition to natural digestion that much time and vital effort might be saved by attempting to exist upon artificial food. It can be fairly and truthfully stated that one of the most serious evils in our present mode of living lies in the consumption of artificially prepared foods. When we deviate from nature's methods and violate her natural laws we pay the penalty in the ills which blight and curse man's existence. Prepared and preserved food is a most serious menace to life and health; it is at all times to be avoided and debarred if we covet health and comfort. It is an ever present and annoying question in modern times as to what answer to make when the subject of infant feeding presents itself for our consideration. God intended woman to rear and nourish our infant race, but alas for mankind, the burden seems to have perverted the original purpose. I would not be unjust or unkind to woman, but in the name of justice, goodness and purity, I would ask the solemn question: "Is woman today fulfilling her mission in life by stifling and preventing offspring and in refusing to nourish from her own breasts the fruit of her own womb?" It is scarcely necessary for me to refer to this question before a body of intelligent physicians here assembled, as we no doubt are of one accord and agree that this is the most sacred and important vital question that presents itself in our professional work. The monuments in our country erected for the munufacture and sale of "Baby Food" are attested by the awful infant mortality in our larger towns and cities. Perhaps these factories are less blamable than we assume, but statistics tell a frightful tale and the censure lies first in the mother, and secondly in the artificial food fed to infants. The constant cry that goes up to heaven from ill and dying infants is to the author of this paper the saddest of thoughts in the consideration of woe. The white hearse, the little white coffin and the flowers we daily meet in our streets, especially in the warm season, appeals to my symathy as no other sight does.

In the night as I go to and come from

those who claim my time and services, I hear the sad wail of sick and dying infants. As physicians, whose keepers are we? Certainly of all that claim our time and skill. In the name of all that is good, just and holy, let me call your attention to the pitiable cause of the helpless infants. The sooner the people appreciate the fact that plain, substantial nutritious food properly prepared to be eaten is the best and that it is conducive to health and strength and that by its use our lives are made more useful and happy, the better for our common welfare. Healthful exercise is important and it is provided in the prosecution of the usual avocations in the pursuit of life and happiness. Honest labor in whatever calling we choose is conducive to comfort of mind and body. It is just that man should earn the salt of his bread by the sweat of his brow. Idleness is existing without purpose or effort and is most reprehensible in principle and example. The process of digestion and assimilation is a normal physiological action of all the organs that mechanically contribute and chemically aid in the nutrition of the human body. The essential element in perfect digestion and assimilation is the normal action of all the mechanical and chemical constituent functions that enter into nutrition. The imperfect performance of any part impairs the nutrition of the body. A careful study of each organ that performs a part in normal digestion and assimilation will reveal the cause of malnutrition of the body in the pathological condition of the organ or part and its impaired function. The selection of food suitable for the nourishment of the body and its proper preparation to be eaten is essential in the maintenance of physical growth and strength.

(CONCLUDED NEXT WEEK.)

---

# CHOREA.

*By Francis B. Bishop, M. D.,*

President of the Medical and Surgical Society of the District of Columbia, Director of the Electro-Therapeutical Clinic, Eastern Dispensary, Etc., Washington, D. C.

READ BEFORE THE AMERICAN ELECTRO-THERAPEUTICAL ASSOCIATION, AT HARRISBURG, PA., SEPTEMBER 21, 1897.

THIS subject, while very old and perhaps a little threadbare, is one that offers a wide field for speculation, and the object of placing it before this body is that it may be thoroughly discussed, particularly as to its etiology, pathology and treatment. This paper is not intended to embrace cases of organic origin, but the great number of cases which in the present light of pathology are necessarily classified as functional, and at present must be treated as functional diseases.

It seems to be the opinion of the most advanced pathologists that this disease is the direct result of some infection; in other words, that it is a germ disease; while others hold that the rheumatic diathesis particularly predisposes to it. This may or may not be so, and the question of a positive etiology and pathology seems yet to be in doubt. It is reasonable to believe, however, that an unstable condition of the higher nerve centers predisposes to this condition, and that any poison affecting these centers may produce in one person epilepsy, in another a general neurasthenia, and in another chorea. It is not an unreasonable hypothesis, in the light of personal experience, in my section of the country, at least, that rheumatism plays very little if any greater role in the disturbance of these centers than does malaria, scarlet fever, measles, whooping cough, influenza, or any of the contagious or infectious diseases. Indeed, in some of the Southern and Middle States, the facts would seem to bear out the impression that malaria

is largely responsible, not only for chorea, but also for the rheumatism that is often looked upon as the cause of the chorea which may accompany or follow the rheumatism or malaria. Whether this hypothesis is correct or not, there is no doubt of the fact that there is an unstable condition of the nerve centers, and what concerns us as electrotherapeutists is, what role does electricity play in the cure of this malady, aided of course by such remedies as may appeal to our judgment as the proper thing to use in each particular case.

A severe nervous shock, such as fright or grief, is often all that is necessary to disturb the equilibrium of the nerve centers in these predisposed subjects; anemia is laid down as a predisposing cause of chorea, but my observation has led me to the conclusion that the anemia is often the result of the chorea, or the direct result of the irritant acting upon the higher nerve centers. The chorea may precede or follow the anemia, or they may appear simultaneously; and here it is interesting in this connection to note a few points on anemia from Landois and Sterling's Physiology. They say that in "acute fevers, as the temperature increases, the number of red blood corpuscles diminishes, while the white corpuscles increase in number;" again, "By greatly cooling peripheral parts of the body, as by keeping the hands in iced water, in some individuals possessing red corpuscles of low resisting power, these corpuscles are dissolved, the blood plasma is reddened, and even hemoglobinuria may occur;" again, "Abnormal forms of the red corpuscles have been observed after severe burns; the corpuscles are much smaller, and under the influence of the heat, particles seem to be detached from them. Disintegration of the corpuscles into fine droplets has been observed in various diseases, as in severe malarial fevers."

From this it appears that any severe shock to the nervous system, whether it be rheumatic fever, malarial fever, or any other acute fever, excessive cold to the periphery, or a severe burn, may have a deleterious effect upon the red corpuscles of low resisting power, thereby predisposing to anemia. The same causes seem to operate upon the cortical motor centers of the brain, when in an unstable condition predisposing to chorea, neurasthenia, epilepsy, or some other so-called functional nervous disorder. Hence in those cases we usually have anemia accompanying, preceding, or following nervous manifestations; therefore even after the exciting causes have been removed the anemia, still existing, affords such poor nourishment to the disordered nerve centers that they are incapable of recuperation without assistance.

What concerns us most as physicians is, how can we best render assistance to these poor unfortunate patients; for we well know that medicines often prove futile when depended upon entirely.

The menstrual period is a very trying time to the nervous girl, and when normally performed lowers the number of red blood corpuscles and very frequently when obstructed or suspended for any length of time may give expression to intense symptoms in the form of chorea, anemia, or one or more of many functional nervous troubles.

That electricity plays a most important part in the treatment of the latter class of cases can, I think, be no longer a question of doubt. The following case is that of a young girl of sixteen, whom I have known from childhood and treated for various ills peculiar to our climate. She has passed through most of the diseases of children, including an attack of diphtheria. She has always been pampered and petted and allowed to have pretty much her own way and tight lacing was early practiced. At the age of fifteen she was sent to a boarding school. At that time she was accustomed to plenty of out-door exercise. This was exchanged for close rooms and long hours of mental labor. The menstrual functions were performed irregularly; nervous twitchings began and became more and more prominent. She soon showed signs of mental deficiency; anemia and chlorosis followed

and she was sent home a full and well-developed case of chorea. With the exception of measures to relieve constipation, this case was treated exclusively by electricity, rest and nourishing food. The electrical treatment consisted of twenty minutes in the ozone cage every day and in five or six weeks she was perfectly restored to health, her functions being performed normally, and all symptoms of chorea had disappeared. The mild galvanic current was passed through the head two or three times a week, in addition to the ozone treatment, the positive electrode over the motor area, first on one side and then on the other, for one minute, the negative at the back of the neck. The current strength was not more than one or two milliampères and turned on very carefully and always stopped as soon as patient could detect the taste of the current, no matter how little the impression upon the needle of the meter. The quieting effects of these treatments were often visible at once and were frequently followed by refreshing sleep.

Another interesting case, in which the heavy static spark played an important part, was one in which the sensory as well as the motor nerves were involved and the muscles of the lower extremities were so weakened as to cause the patient to walk with a reeling gait like one intoxicated. Indeed, she was once accosted by a fool of a policeman while on her way to my office. He claimed that he thought she was under the influence of liquor. She was at the time being assisted by her sister. I will give the history of the case in her own words, copied from a letter she wrote at my request :

"Having been very nervous from childhood, at the age of fifteen years, which was three years ago, I suffered a great shock which preyed upon my mind so that it resulted in my being taken with severe pains in my limbs and arms, which were so painful that I could not bear a light cover to touch me or anyone to speak while suffering these pains. About a year after, I began to stagger in my walk, my right foot would jerk away from me and bounce several times before touching the ground. While sitting, my foot would move off, and I had no control of it. I would reel from side to side and could not stand or walk alone without leaning heavily on someone's arm. My feet felt at the bottom as if they were tied to a bag of mush ; my limb was very heavy and would feel as if asleep and I could not feel a pin in it. My heart would beat to suffocation at the least noise and my head would shake also. Last winter my right eye closed for over a month, then my left eye closed the same way. Since undergoing the electrical treatment, I find that I am steadily improving. My limb does not walk away with me as it did and I have relief from those pains, which were almost unbearable."

Her condition when I saw her, about a year ago, was practically as follows : A slender girl of medium height, with a fairly good color, but anemic and somewhat emaciated ; could not stand with feet close together, with eyes open or closed, could not walk without staggering, knee jerk absent in both limbs, no ankle clonus, pupil reflex, normal to light and accommodation, loss of sensation to pain in both lower extremities below knee. Could not feel a pin stuck well through the skin. Choreic movements well marked in the right leg, head and hands. Complains of severe pains at night with numbness all the time in limbs and often pain around chest. This case had been treated with arsenic, potassium iodide, iron, quinine and a number of other remedies, before coming for electrical treatment. In fact, the diagnosis had been made of posterior spinal sclerosis, a mistake very easily made in this case. While this case is not yet well, and I am not prepared to say how soon, if ever, it will be, it certainly has steadily improved and the young lady looks and acts as though she really intends to recover.

The treatment has been since under my care, quinine, from twelve to fifteen grains a day, administered for a week at a time, because she lived in a malarial neighborhood. At first it was necessary to administer opium at night for the relief of the pain. She has been

treated electrically not more than twice weekly and very often not more than once a week, with galvanism to the head, the ozone bath, and the heavy static spark from a W. & B. six plate machine. The ptosis was treated with faradism to the superior levator muscle. Rest was enjoined, with plenty of nourishing food. The fright that she received from the policeman had a very bad effect, and for a while it seemed as though she would be as bad as ever; but she seems again to be steadily improving and apparently on the road to recovery.

My reason for treating these cases in the way indicated is based upon the hypothesis of an unstable condition of the motor, sensory and very often psychical center of the cortex, and that the perfect, harmonious and healthy action of these centers are distorted and incoördinate, in consequence of some severe shock or some poisons, and that they become so weakened thereby that they are often thoroughly incapable of themselves to throw off the spell that binds them; and that the gentle galvanic current passed through these centers stimulates them and aids them in their efforts to physiological action. The static cage gently stimulates the periphery and is very soothing to the general nervous system; while the inhalation of the ozone permeates every tissue, supplying oxygen to the impoverished blood corpuscles, thereby giving new life to all the tissues of the body, including the nerve centers themselves. The static spark, of course, is not used unless there is considerable loss of sensation; and in that case, there is nothing else that will restore it so quickly.

I hope, Mr. President, that this subject may be fully discussed, for I believe that in recognizing and successfully treating so-called functional diseases lies our greatest field of usefulness.

---

# TREATMENT OF ABSCESSES BY IODOFORM OINTMENT INJECTION.

*By Rufus D. Boss, M. D.,*
Washington, D. C.

READ BEFORE THE WASHINGTON MEDICAL AND SURGICAL SOCIETY, NOVEMBER 1, 1897.

Dr. Scott Helm, in 1886, advocated the aspiration of pus from the cavity of suppurating inguinal adenitis, washing out the cavity with an antiseptic solution and refilling with iodol and vaseline, and reported a series of twenty-three cases, cured by the above method. In 1890, there was a series of forty-one cases reported, treated by injecting iodoform ointment, one-half of which recovered in five days. Dr. W. K. Otis reported sixteen cases in 1893, treated by this method, with gratifying results.

Dr. Otis' technique is as follows. "The skin for eight or ten inches about the affected area was rendered thoroughly aseptic by scrubbing with green soap, washed with sulphuric ether and then with bichloride of mercury (1 to 1000). A narrow bistoury was then inserted into the abscess cavity, and the contents gently, but firmly, squeezed out, the cavity irrigated with bichloride of mercury (1 to 1000), and immediately filled to moderate distension with warm iodoform ointment (ten per cent. iodoform and vaseline), care being taken not to use a sufficient degree of heat to liberate free iodine.

"The syringe used for introducing the ointment was the ordinary cone-pointed glass syringe used in gonorrhea. The plunger being removed, the barrel was warmed in the flame of an alcohol lamp, filled with ointment by means of a spatula, and on finishing the injection, at the instant of withdrawing the syringe from the wound, a compress wet with cold bichloride solution was applied, which instantly solidified the ointment

at the orifice, preventing the escape of that in the abscess cavity. A large compress of sterilized gauze was then applied by means of a firm spica, the patient told to return in four days, when if all was well the dressing was reapplied, but if any evidence of inflammatory action was found, the wound was thoroughly irrigated and cleansed, and the injection repeated."

Of the sixteen cases thus treated, Dr. Otis reports nine cured in six days, three in twelve days, one in fourteen days, one in twenty-three days and two desertions during treatment.

The advantages claimed for this method of treatment are :

1. That it is simple and safe.

2. In suitable cases cure, as a rule, seems to be more rapid than by any other method.

3. The patient is not prevented from going about during treatment.

4. The first gland being rendered aseptic, renders it less likely that other glands in the chain will become infected (?)

5. It leaves no tell-tale scar.

6. It in no way interferes with any subsequent surgical procedure, should such be deemed advisable.

At that time, I was assistant on the genito-urinary service of Dr. James Kerr, at the Emergency Hospital, and with his approval was enabled to follow the method of Otis, and assisted by Dr. E. M. Hasbrouck, a series of fifty cases were thus treated. My colleague endeavored to follow them. Thirty-one escaped. Some did not return after the operation, others returned once or twice, while still others discharged themselves, not returning for a final examination ; leaving, however, nineteen cases which Dr. Hasbrouck was enabled to follow from operation to cure. Six of these cases were discharged in one week or less, five in two weeks or less, four in three weeks or less, one in twenty-six days, one in thirty days, one in forty days and one on the forty-ninth day. While this last case was unusually prolonged, the patient followed his usual occupation during the entire course of treatment.

The average time of effecting a cure in the nineteen cases was sixteen days, a maximum of forty-nine and a minimum of four days. The chancroidal cases appeared to yield most readily to treatment, gonorrheal next, and syphilitic most protracted. No attempt was made, however, to classify them by causation. In this method we simply apply the general rule or principle in surgical work; whenever you find pus, evacuate it, render your wound or part aseptic and keep it so. This plan of treatment has yielded the most happy results in tubercular cervical adenitis, and axillary abscesses ; and it seems to me to be the ideal treatment for furunculosis.

One case proved specially gratifying. Child three years old, with mammitis. The child was brought to my office with a history of having fallen, striking his breast against a chair. Fluctuation distinct. A bistoury was inserted, and the cavity irrigated with bichloride solution (1 to 2000) and filled with a three per cent. iodoform ointment, a sterilized pad applied and retained with adhesive plaster ; on the seventh day the dressing was removed and patient discharged. Anesthesia was not required. This is an important consideration. In many cases an anesthetic is not at hand ; in others financial consideration; and still other patients do not wish to take other than their own physician in his confidence. Omitting tubercular adenitis, I have a second series of 17 cases, with an average period of convalescence of 13½ days.

This is a far more satisfactory result than I have been able to obtain in a like number of cases by other treatment.

## FOREIGN BODIES IN THE EYE AND X-RAYS.

The use of the Roentgen rays in detecting the presence of a foreign body in the eye has been suggested by Friedmann, who reports three successful cases in the *British Medical Journal*. The light is used in the bitemporal region, rather than antero-posteriorly. The plate is held in place by a bandage.

## Society Reports.

### NEW YORK ACADEMY OF MEDICINE.

SECTION IN ORTHOPEDIC SURGERY.

MEETING OF OCTOBER 15, 1897.

*Dr. H. L. Taylor* read a paper on "Congenital Absence of the Radius." The absence or imperfect development of the radius in the newborn causes the appearance of club-hand from dislocation of the carpus to the radial side. Case I. Girl, five weeks old. Absence of the radii. Hand at right angles with fore-arm. Genu varum. Mechanical treatment. The figure shows the absence of the radius and the ulna shortened, thickened and bent, also the improved position of the hand at fifteen months. Case II. Girl, two weeks old. Absence of the right radius and both thumbs with their metacarpal bones. The deformity of the right hand was extreme. The patient lived but a few months. Case III. Boy, five weeks old. Slight double radial club-hand with the radii abnormally small. The hands were kept in good position by leather splints. Case IV. Girl, two and a half years old. Absent ulna and the fourth and fifth digits with their metacarpal bones. Radius thickened and bent toward the ulnar side. The hand usually turns towards the ulnar side but is sometimes held straight. The elbow has abnormal lateral mobility and hyper-extension, as might be expected from absence of the ulna. Children with deficiencies of this kind are usually premature or still-born. If alive, they seldom live many weeks. There are about two hundred recorded cases of absent fibula and one hundred of absent radius; but the deficiency shown in Case IV, absence of the ulna, is believed to be very rare. The dimples, furrows and scar-like marks, vestiges perhaps of separated adhesions, support the theory that these defects are caused by the pressure of a contracted amnion. As rotation of the fetal limbs is said to begin about the fifth week, if the amnion exerts pressure from the fifth to the eighth week, the radius and fibula may be blighted. If, on the other hand, the contraction takes place before the fifth week and before the rotation of the limbs, the ulna and tibia will suffer. Operations, if performed, should be preceded by mechanical treatment. Contracted structures may be divided. Osteotomy may be followed by overcorrection and the ulna may in various ways be attached to the carpus in an improved position.

SKIAGRAPH OF THE LIMB IN CASE I.

*Dr. R. H. Sayre* said that he had treated a patient affected with double congenital absence of the radius by manipulation, stretching and retention in plaster of Paris. The hands had been brought into a fairly normal position, but the child died of cholera infantum when ten months old. In another case the ulna was so small that it hardly seemed feasible to split it for the reception of the carpus, as has been done in

a reported case. He therefore fixed the ulna in a gap made in the carpus.

*Dr. A. M. Phelps* said we could hardly use the term club-hand in speaking of congenital absence of the radius.

*Dr. A. B. Judson* said that there seemed to be no affection of the hand corresponding to congenital club-foot. So-called club-hand was caused by deficiencies of the skeleton, by injuries and diseases of the bones, by cicatricial contraction or by paralytic affections. There were also cases of club-foot originating in all of these ways, but what we know as congenital club-foot is caused by factors which are apparently not operative in the upper extremity.

*Dr. Taylor* exhibited "A Case of Traumatic Club-hand" in a girl, 8 years old, a portion of whose radius had been resected for necrosis. The radius was, in consequence, much shorter than the ulna and the result was that the hand was thrown toward the radial side and had the appearance of a club-hand.

*Dr. Phelps* said that in a case of club-hand thus acquired, he would shorten the bone instead of cutting the tendons. Tendons when divided in their sheaths are apt to become adherent, while resection of the longer bone would in suitable cases bring the hand to a normal position.

*Dr. Judson* spoke of "Traumatic Club-Foot" and was reminded of a patient whose tibia had been shortened for disease of the bone. As the boy grew the fibula projected to such a degree that the patient could not walk. In such cases another operation was necessary to shorten the unaffected bone.

*Dr. R. Whitman* was reminded of a man whose tibia had been shortened by an operation when he was 13 years old. The result was that when recently seen the leg was five inches short and the foot had been forced into extreme varus by the relative over-growth of the fibula. Bone reproduced to fill an interval left after resection did not grow. Final results after such operations, performed in childhood, were usually unsatisfactory.

*Dr. R. H. Sayre* cited a case which showed that reproduced bone did not cease to grow. The patient had been exhibited to this Section by Dr. L. A. Sayre. Four inches of the neck and head of the femur had been removed and when the boy was 12 years old there was only about one-fourth inch of shortening. In some of Dr. J. R. Wood's resections of the jaw, the lower maxilla had been reproduced and had grown with the rest of the body.

*Dr. Whitman* said he referred to parallel bones of the extremities. Deformity was almost inevitable when a portion of one bone only is removed.

*Dr. Phelps* said that new bone had feeble circulation, grew less rapidly than normal bone and became very hard, as was shown when one of two parallel long bones was reproduced.

*Dr. R. H. Sayre* said that the vicinity of a nutrient artery would probably influence the growth of new bone.

*Dr. R. H. Sayre* described a case of "Helpless Club-Foot, from Deficiency of the Skeleton," in which double club-foot was associated with congenital deficiency of both of the bones of the leg, in a girl twelve years old. There was a bent and rudimentary fibula and a tibia only an inch or so long, which stuck out like a little sprout under the skin. The foot was very much twisted and hung with a helpless flail-joint against the leg. Amputation at the knee was done.

*Dr. Whitman* exhibited a child eight months old in whom congenital absence of the fibula had caused talipes equino-valgus and anterior bowing of the tibia. The equinus had been extreme but division of the tendo Achillis and the application of a brace had brought the foot to a right angle.

*Dr. Taylor* had seen eight or ten patients affected with congenital absence of the fibula. He said that in such a case it was very difficult to remove the lateral deformity by an operation. As there was no malleolus to support the foot it would return to its former position. Another interesting point was that the shortening found in infancy, in congenital absence of the fibula, would greatly increase with the growth of the child. In an adult, whose measurements he had taken for some years,

there is a shortening of five or six inches. In a boy of twelve years the shortening was the same, and increasing. This progressive shortening took place in the forearm as it did in the leg.

## BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD APRIL 26, 1897.

THE President, Dr. J. E. Gibbons, in the chair.

The Committee on Honor reported favorably on the names of Drs. B. F. Leonard, Jas. A. Zepp, W. W. Requardt, F. E. Wagner and John Briscoe, all of whom were then unanimously elected.

Dr. J. E. Gibbons proposed for membership Dr. J. R. Abercrombie, 827 North Eutaw Street. Dr. C. Urban Smith proposed Dr. D. Z. Dunot, Union Protestant Infirmary.

*Dr. Eugene Lee Crutchfield* read a paper entitled "Some Ill Effects of the Corset."

*Dr. C. Urban Smith* asked: What is the effect of the substitutes of the corset?

*Dr. E. G. Welch:* Every ill to which woman is heir has been attributed to the corset and yet our women are in fair health, etc. Constipation is common among the Italian women seen in his practice, due to indolence, refusing to attend to the calls of nature. He thinks that Dr. Crutchfield has exaggerated the evil effects of the corset.

*Dr. J. I. Pennington:* He has seen double mastitis of erysipelatous character produced by the use of the corset just after confinement. The same patient had an umbilical hernia and a severe case of colitis.

*Dr. S. T. Earle* endorsed Dr. Crutchfield's paper in every particular.

*Dr. Crutchfield*, in closing, said that many waists were preferable to the corset, but he sees no necessity for anything of the kind. It was not intended by nature that women should wear any such support. He did not say that the corset is the only cause of constipation and other troubles in women. He merely claimed that it is a cause. Many persons remain well notwithstanding their continued violation of the rules of hygiene simply because they have substitutions which will enable them to do so for a longer or shorter period.

*Dr. John Neff* read a paper on "Malaria or Sepsis in the Puerperium."

*Dr. T. Chew Worthington:* His experience coincides with Dr. Neff's. He does not see why we cannot have septic chills. The lochial discharge is poisonous. Whenever he uses the douche he has the most satisfactory results.

*Dr. Neff:* In many cases in the gynecological wards at the Johns Hopkins Hospital, where sepsis was suspected, bacteriological examinations revealed malarial organisms.

*Dr. J. I. Pennington* related a case of labor occurring while the woman was standing. The child fell and ruptured the cord. It was not ligated. An hour and a half elapsed before he saw either mother or child. No trouble followed. Adjourned.

MEETING HELD MAY 10, 1897.

THE President, Dr. J. E. Gibbons, in the chair.

Committee of Honor reported favorably upon the names of Drs. J. R. Abercrombie and D. Z. Dunot, both of whom were unanimously elected.

Dr. J. E. Gibbons proposed for membership Dr. J. Whitridge Williams, Park Ave. and Howard St., and Dr. H. J. Coffroth, 724 Madison Ave. Dr. C. U. Smith proposed Dr. J. Thomas Galbreath, 1434 McCulloh Street.

*Dr. C. Hampson Jones* reported a case of chronic "Bright's Disease" during pregnancy, complicated with malaria and anemia. Granular and hyaline casts were found in the urine, which was diminished in quantity. Albumen was found in varying quantities at different times. The patient was a primipara. The child was born perfectly healthy. The diet consisted exclusively of milk.

*Dr. J. I. Pennington* asked what had been the condition of the patient since leaving the hospital.

*Dr. Jones:* In apparently good health. He also spoke of a case of heart disease

with so great ascites that he urged paracentesis. A bucketful of fluid stained with bile was withdrawn. The urine also contained bile. Treatment: Infusion of digitalis. Every valve was diseased. The patient soon got up and has remained apparently well since. He attributes the good result to digitalis. The tapping afforded rest. The patient was not jaundiced.

*Dr. E. G. Waters* related the case of a gentleman over seventy years of age, who complained of a pain about the eighth or ninth rib, occurring at the same hour every night. It was of such severity as to awaken him. Dr. Waters suspected it to be of malarial origin and accordingly gave quinine for treatment. This afforded relief and postponed the occurrence of the pain till a later hour. The urine contained albumen in large quantities. He gave bitartrate of potassium. Pus was afterwards found in the urine. Tincture of ferric chloride was then added to the treatment. Last Saturday a specimen of his urine contained no pus and a diminished quantity of albumen. The etiology of the case is obscure. The suddenness of the appearance of pus and its speedy disappearance are interesting features. He suspects the left kidney to be especially involved, as pain is more pronounced on that side. The specific gravity of the urine was not above 1014. Its reaction was acid. The family history was negative.

*Dr. John Neff* spoke of the experiments of catheterizing the ureters, showing that the urine from one kidney may be albuminous and that from the other not. He related the case of a patient passing blood in the urine after riding a bicycle. He afterwards suffered with kidney colic on the left side, which proved that the bicycle was not to be blamed for the hematuria.

*Dr. C. Hampson Jones:* No cases have been diagnosticated by means of this instrument that had not been previously recognized by the aid of clinical facts.

*Dr. T. Chew Worthington:* Affections of the kidney are insidious. Albumen is often found when least expected. He believes that it is becoming more common than tuberculosis.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

---

## THE TRI-STATE MEDICAL ASSOCIATION.

MARYLAND, WEST VIRGINIA AND PENNSYLVANIA.
*(Concluded.)*

AT the conclusion of the paper by Dr. Daly, he was elected an honorary member of the Association.

*Dr. Wm. F. Barclay* of Pittsburgh read an able paper on a subject of the greatest interest, "Nutrition." (See page 91.)

*Dr. Enfield* of Bedford presented the subject of "Obstinate Cases of Stomach Troubles Treated by a New Method." With his paper he illustrated his method of treatment by exhibition of apparatus for washing out the stomach.

In the general discussion that ensued Dr. Enfield said that examination shows dilatation of the stomach to be very frequent. By his method he secures a normal physiological condition of the stomach. Because of the food we eat Americans have become a nation of dyspeptics. He believes in bran, roast potatoes and bread made from unbolted flour.

*Dr. Brumbaugh* thought a mild, simple nutritious diet the best for everyone.

Dr. Barclay's views meet with his approbation. Physicians because of their knowledge of medical subjects should be the instructors of the people in matters pertaining to food and diet.

*Dr. Spear* of Cumberland said he believed every case of typhoid fever resulted from some antecedent case. All epidemics have been traced to water. He related an instance in his practice where eleven of a party of twenty who partook of ice cream contracted typhoid fever, all within two days of each other, although a number of the persons went to different towns in remote portions of several States.

Drs. Price, Duke, Gump and others took part in the discussion.

The Association adjourned to meet in Cumberland, Md., December, 1897.

## Medical Progress.

British Medicine in Greater Britain.—In tracing the evolution of medicine and the advances made, Dr. Osler, in his address before the British Medical Association, said: "In estimating the progress of medicine in the countries comprising Greater Britain, the future rather than the present should be in our minds. The strides which have been taken during the past twenty years are a strong warrant that we have entered upon a period of exceptional development. When I see what has been accomplished in this city in the short space of time since I left, I can scarcely credit my eyes; the reality exceeds the utmost desire of my dreams. The awakening of the profession in the United States to a consciousness of its responsibilities and opportunities has caused unparalleled changes, which have given an impetus to medical education and to higher lines of medical work which has already borne a rich harvest. Within two hundred years who can say where the intellectual center of the Anglo-Saxon race will be? The Mother Country herself has only become an intellectual nation of the first rank within a period altogether too short to justify a prediction that she has reached the zenith. She will probably reverse the history of Hellas, in which the mental superiority was at first with the colonies. At the end of the next century, ardent old-world students may come to this side 'as o'er a brook,' seeking inspiration from great masters, perhaps in this very city; or the current may turn towards the schools of the great nations of the south. Under new and previously unknown conditions, the Africander, the Australian or the New Zealander may reach a development before which even 'the glory that was Greece' may pale. Visionary as this may appear, it is not one whit more improbable today than would have been a prophecy made in 1797 that such a gathering as the present would be possible within a century on the banks of the St. Lawrence."

Typhoid Diagnosis.—Widal's test for typhoid fever has not been accepted by all, and indeed there are some weak points in the method employed. Dr. Hiss, of the New York Health Department, has devised another method which needs testing before acceptance. It is described in the *Medical Times*.

Last year Dr. Hiss, of the Health Department, recognizing the fact that the typhoid bacillus must be located in the intestines, and recognizing also the fact that another microbe, the colon bacillus, which is perfectly harmless, is found there also, and that even with a microscope the resemblance between them is so great that it is very difficult to differentiate between, he attempted to determine the presence of typhoid bacillus by another method. After repeated experiments and minute study, he devised a culture in which typhoid germs will multiply and the other will not, which worked so satisfactorily that the Health Board adopted it officially.

The culture is composed of gelatine agar (which is a Japanese isinglass much in favor with bacteriologists), glucose (to make the mixture ferment), salt and Liebig's food. Typhoid germs grow in it, and the colon bacillus does not. In actual practice a minute quantity of the semi-fluid matter sent for examination is taken off on a "loop" and is placed in a little vial containing this "culture." Eighteen hours is sufficient time for the bacilli to grow and a statement of results will reach the doctor inside of thirty-six hours after he has sent a specimen to the laboratory. It is the plan of the Board of Health to have all the doctors of New York City avail themselves of this test free of charge. At the end of eighteen hours a small portion of the culture is spread on a glass plate which has a glass cover. In a short time, to a practiced eye, the appearance of this plate will give the information sought—that is, it shows if there has been any growth. If there is growth, it is a case of typhoid; if not, probably no typhoid exists.

If these tests are correct, great difficulties in differentiating between typhoid and malaria will be removed.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, NOVEMBER 20, 1897.

*The Health Commissioner.*

IF there were few diseases and no epidemics probably the position of Health Commissioner in a city or community could be filled by almost any one with a medical degree, but in times of danger when contagious diseases are rife and when yellow fever is doing so much harm in the South, then a man especially trained for Health Commissioner is needed.

The change in administration in Baltimore will probably mean a change in many offices, not so much on account of any fitness, but as a reward for electioneering work. There are many places which can be filled by persons of no especial skill or knowledge, but the new mayor of Baltimore will have a responsible duty before him when he makes appointments in the health department.

A health officer in a large city like Baltimore must have not only a good medical training but he should possess tact and judgment, with a certain amount of business sense, and know when and how to abate nuisances without working hardship or obstructing traffic. At the same time he must have had experience and a close acquaintance with the various dangerous diseases and the best way of keeping them away or stamping them out. All these good qualities are hard to find in any one man and yet the applicants for this place will in many cases be men who are after the salary and have political influence.

The prevalence of typhoid fever in Baltimore and Maryland, the recent outbreak of diphtheria and the dangers of contagion from an ever-growing public school system, all show the amount of work a good health officer has to do if he does his work properly.

That the last administration, backed by the State Faculty, has made improvements in the city health department is very evident. Within the past few years, a bacteriological laboratory has been opened and in active operation and means of making a diagnosis in doubtful cases of pulmonary consumption, typhoid fever and diphtheria have all been offered to any physician or citizen without cost. In the chemical laboratory, which is also an addition to the city health department, water of a doubtful nature is promptly analyzed and an expert opinion on its potableness quickly given without cost.

In many other ways the scope of the health department has been widened, so that the responsibility of making an appointment in such a place should not be left to a politician, but the man most fit should be selected, and this can best be found out by taking opinions from the medical profession of Baltimore. In many ways the health department of Baltimore in the past two years has done work the equal of that in any other city and such good work should be allowed to go on.

Baltimore is by nature a very healthy city, its sloping streets and heavy rainfalls washing away filth and dirt very effectively, but a knowledge of sanitation and hygiene is needed by the corps in the health department and let such an important position as that of health commissioner or his assistant be filled by a man not capable and in the first emergency this weak point will become evident at the expense of the city and of the lives of many good citizens.

Therefore the new mayor should appoint the right man without regard to his political faith.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 13, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 11 |
| Phthisis Pulmonalis | | 25 |
| Measles | 11 | |
| Whooping Cough | 6 | 1 |
| Pseudo-membranous Croup and Diphtheria. | 73 | 11 |
| Mumps | 2 | |
| Scarlet fever | 12 | |
| Varioloid | | |
| Varicella | 1 | |
| Typhoid fever | 7 | 2 |

The bubonic plague is still raging in some parts of India.

The King of Sweden has given large sums of money for the erection of consumptive hospitals.

Dr. John B. Wellcome, a retired physician of Boston, died at the Church Home last Saturday, aged 71.

Waste paper boxes will shortly be put at the street corners in Baltimore, as in Washington and other cities.

Dr. Susan A. Edson, a prominent homeopathic physician of Washington, died at her home last week, aged 75.

The corner stone of the new building of the Bellevue Medical College was laid last Saturday with appropriate ceremonies.

On account of so many serious injuries from foot ball, the State of Georgia has forbidden the game to be played by students of any State institution.

Dr. Samuel Swope, the oldest physician of Carroll County, Maryland, died at his home in Taneytown last Saturday, aged 91. He was graduated from the University of Maryland in 1830.

At the suggestion of the American Public Health Association, the President will be asked to recommend to Congress the creation of a commission of bacteriologists and pathologists to go to Havana to study yellow fever.

Dr. Joseph Collins has succeeded Dr. Chas. L. Dana as Professor of Nervous Diseases in the New York Post-Graduate Medical School.

Dr. Harrison Allen, Emeritus Professor of Anatomy in the University of Pennsylvania, died suddenly last Sunday, aged 56. Dr. Allen was graduated from the University of Pennsylvania in 1861. He was a voluminous writer.

Drs. Charles E. Simon and W. Milton Lewis announce the opening of a clinical laboratory at 1302 Madison Avenue, Baltimore, where examinations are made and instructions given. The idea is an excellent one and carried out by two such men cannot but be a success.

The Washington County Medical Society met in the court house at Hagerstown last week and elected the following officers: President, Dr. V. M. Reichard; Vice-President, Dr. D. C. R. Miller; Second Vice-President, Dr. W. M. Nihiser; Recording Secretary, Dr. C. L. G. Anderson; Corresponding Secretary, Dr. C. D. Baker; Treasurer, Dr. C. R. Scheller.

At the meeting of the Southern Surgical and Gynecological Association at St. Louis last week the following officers were elected for the ensuing year: President, Dr. Richard Douglas, Nashville; Vice-Presidents, Drs. H. H. Mudd, St. Louis, J. A. Googans, Alabama; Secretary, Dr. W. E. B. Davis, Birmingham; Treasurer, Dr. A. M. Cartledge, Louisville. Council, Drs. L. M. Tiffany, Baltimore, Geo. Ben Johnson, Richmond, Louis S. McMurtry, Louisville, George G. Englemann, Boston, Ernest S. Lewis, New Orleans.

The death of Dr. James Carey Thomas, in his 65th year, last week was a great blow to the community. Dr. Thomas was not only a prominent physician, but a good citizen and a consistent Christian with broad views. He was beloved by all who knew him. Dr. Thomas was the son of Dr. Richard H. Thomas, at one time Professor of Obstetrics in the University of Maryland. He was a trustee of the Johns Hopkins University and Thomas Wilson Sanitarium. Dr. Thomas was interested in many benevolent and educational institutions and was a true philanthropist. He was a Friend. He left eight children, among whom is Dr. Harry M. Thomas of the Johns Hopkins Hospital.

## WASHINGTON NOTES.

THE Health Department is compelling dairymen to exhibit in a conspicuous place a sign, stating from whom the milk sold in their establishments was procured.

Dr. Daniel Kelley is slowly recovering at Providence Hospital from the toadstool feast with Count De Vecchi. The Count died Wednesday evening, two hours after having eaten the poisonous fungi, mistaking them for mushrooms.

The number of charity patients treated daily by our hospitals is 401.02; by the dispensaries 161.28; by physicians to the poor 76.85. Making a total of 639.15 charity patients per day. The total expense yearly is $165,100, of which over $131,300 is appropriated by Congress.

The Union Mission is considering plans by which poor patients can have the benefit of trained nurses. A movement of this kind has been started by a society of young women, all of whom are trained nurses. They pledge themselves to spend an hour or two each day with the poor sick, who are unable to employ nurses.

An emergency hospital has been fitted up at the Pension Office for the 1800 clerks employed there, many of whom are veterans suffering from heart trouble, and ladies subject to sudden illness. A feline hospital is also in operation at 19th and Connecticut Avenue, which serves as a home for sick and stray pussies. The institution was endowed by an elderly maiden lady who recently lived in the cottage.

The Therapeutical Society has been recently organized, and promises to be one of the most interesting and instructive societies in the city. Dr. Kolipinski was elected President; Dr. J. T. Winter, Vice-President; Dr. Geo. C. Ober, Corresponding Secretary; Dr. J. T. Kelly, Recording Secretary; and Dr. J. S. McLain, Treasurer. The Society meets at the National Medical College Building, on the evening of the second Saturday of each month. Dr. D. Olin Leech, the essayist for the last meeting, read a paper upon "Sciatica."

At the last meeting of the District Society, Drs. Johnson and Stewart presented an article upon the value of certain chemical and microscopical procedures in the diagnosis of cancer of the stomach. Dr. J. F. Thompson reported two abdominal cases, with specimens, and Dr. Moran reported, with specimens, tumor of the cerebellum and extra-uterine pregnancy.

At a special meeting of the District Association the following amendment to the constitution, proposed by Dr. Reyburn, was adopted:

The members of the Medical Association of the District of Columbia who are on duty as members of the medical or surgical staffs of the various hospitals, dispensaries, asylums and other charitable institutions of this city are hereby prohibited from prescribing gratuitously, or performing surgical operations gratuitously, for or upon persons who are able to pay for such medical attendance or surgical operations. Any member of this Association who shall knowingly violate the provisions of this section shall be deemed guilty of unprofessional conduct, and his name may be presented by any member to the Standing Committee for investigation and report. If the Standing Committee after investigation shall find said member guilty, his or her name shall be reported to the Association, and said member shall be censured, suspended, or expelled from the membership of this Association as the members of the Association may direct.

## Book Reviews.

INTERNATIONAL CLINICS; A Quarterly of Clinical Lectures of Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared Articles on Treatment. Edited by Judson Daland, M. D., J. Mitchell Bruce, M. D., F. R. C. P., and David W. Finlay, M. D., F. R. C. P. Volume III, Seventh Series, 1897. Philadelphia: J. B. Lippincott Company.

This number of International Clinics is full of excellent material and it is wonderful how helpful the whole series is to the busy man who has a difficult case to treat and wishes advice at once. The volume opens with a lecture on opium which is fairly comprehensive. Then follow a number of papers on the treatment of disease and two of them have reference to the treatment of pulmonary consumption and are very suggestive. Another good paper is on the treatment of carcinoma of the stomach by other than surgical means

and it is just this kind of advice that is needed in cases in which an operation is not allowed. The various other sections contain lectures of more or less merit. International Clinics will always be popular and a good consultant. The binding and presswork are all that could be desired.

ESSENTIALS OF BACTERIOLOGY; being a Concise and Systematic Introduction to the Study of Microörganisms; for the Use of Students and Practitioners. By M. V. Ball, M. D., Bacteriologist to St. Agnes Hospital, Philadelphia. Third Edition. Revised. With 81 Illustrations, some in colors, and Five Plates. Philadelphia: W. B. Saunders. 1897. Price, $1.00. Pp. 218.

This is a great improvement on former editions, which were in themselves valuable little books. In this volume the article on diphtheria has been thoroughly revised and the latest about the antitoxine treatment has been added. In the appendix is a new chapter on "Bacteriological Examination of the Organs and Cavities of the Human Body." This little compend should never take the place of larger works, but in the preparation for examinations and also in the laboratory it is useful in giving facts without the trouble of wading through many pages of theory. This is one of a large number of Saunders' Question Compends and it is interesting to note that since the issue of the first volume of this series not many years ago 160,000 copies have been sold.

## REPRINTS, ETC., RECEIVED.

Stercorin and Cholesteremia. By Austin Flint, M. D., LL. D. Reprint from the *New York Medical Journal.*

Some Recent Surgical Cases. By Robert W. Johnson, M. D. Reprint from the *International Journal of Surgery.*

Abuse of Medical Charity, Cause and Effect. By Charles C. Bombaugh, A. M., M. D. Reprint from the *Bulletin of the American Academy of Medicine.*

The Development and the Present Status of Hysterectomy for Fibromyomata. By Chas. P. Noble, M. D. Reprint from Volume XXII, Gynecological Transactions, 1887.

Remarks on the Use of the Buried Permanent Sutures in Abdominal Surgery. By Charles P. Noble, M. D. Reprint from the *American Gynecological and Obstetrical Journal.*

# Current Editorial Comment.

## GIVING MORPHIA.

*Philadelphia Polyclinic.*

IN some cases physicians fail to use the care that they should in giving morphia to strangers, on the mere profession of pain. In how far, moreover, physicians are responsible for the growing habit formed by patients, to whom they give injections for pain, for loss of sleep, for asthmatic attacks, or other apparently good reason, is a grave problem. Certain it is that, in many cases, the bold use of morphia gives relief and brings about recovery as nothing else can, and no bad habit results. Certain it is, in other cases, one dose necessitates a second, this a third, and so on.

## TIME TO OPERATE.

*International Journal of Surgery.*

THERE has been much discussion as to the best time of the day for the performance of operations. In all cases in which much fear is present, the early morning hours should be selected, as, since the patient has slept, he will not be compelled to spend a great part of the day, hungry and alarmed, with each succeeding hour increasing his dread. Operations late in the afternoon possess the advantage that, as night soon comes on, the patients are more likely to fall asleep and spend a quiet night, yet we know that this result is often a problematic one, as post-operative restlessness and sometimes jactitation often prevent sleep for hours after operations.

## SOCIETY PAPERS.

*Medical Record.*

A PHYSICIAN should not presume upon the time and patience of his colleagues by reading a paper composed of truisms, some facts borrowed from text-books, and much padding. Such exhibitions contribute to international ill-feeling and to personal disdainment. No more should he report procedures based on alleged chemical or physiological experiments which he is not ready and able to demonstrate by chemical or physiological tests. Above all, he assiduously should refrain from announcing papers that he does not anticipate being able to present. This latter procedure has already been done to death. If he will take the results of his honest work and intelligent thought, it matters not whether they be based on experimentation or observation, he may be assured of kindly reception and courteous attention.

## PROGRESS IN MEDICAL SCIENCE.

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

---

Hypnotics.—We recently quoted a brief summary on hypnotics from the 1897 "Yearbook of Treatment," calling attention to the usefulness of the agents introduced during recent years, attesting the safety and superiority of chloral and Chloralamid, admitting the value of sulfonal and trional—if used with care to prevent dangerous symptoms—and referring to pellotine, the only new introduction of last year. An American author, whose specialty is therapeutics, and who is just now engaged in a study of hypnotics, gave us his estimate of this class of agents in a conversation recently; we quote his views in our own words: "The only new hypnotic introduced during the last ten years is pellotine; its value is not yet established, although several favorable clinical reports have been published; nothing valuable therapeutically has been heretofore gained from the cactus plant. Trional, introduced recently, is only an improved sulfonal (dating back more than ten years), and the two are equally dangerous. Chloralamid is the next recent introduction and is the safest of all; but even Chloralamid can induce a habit, although few cases are on record; it is least poisonous and patients have recovered without damage from enormous overdoses. All the new hypnotics can be used successfully in some cases, properly administered.—Editorial in the *American Therapist*, August, 1897.

---

An Efficient Treatment for Rheumatism and Allied Affections.—For the past seven years I have constantly prescribed Tongaline, and the longer I do so the more thoroughly I learn to rely upon its efficacy for the diseases for which it is indicated. I had always secured good results from its administration, but during the past year these have far surpassed all my expectations, especially in such serious and obstinate troubles as rheumatism, la grippe and sciatica. These really wonderful results I consider due to my methods of administering the preparation, and I believe it to be to the advantage of every physician to understand just what these methods are. For instance, when I have a very severe case of inflammatory rheumatism, a case where the swelling is great and the pain almost beyond endurance, together with a high temperature, I commence with a teaspoonful of Tongaline every hour in a wineglassful of water just as hot as the patient can bear it. I follow the dose with as much hot water as the patient can take. In from four to eight hours the temperature is invariably reduced and the patient falls into a refreshing sleep. Under this treatment, within six hours I have seen the temperature drop from 104 degrees to 100 degrees and the pain disappear as if by magic. Furthermore, I have time and time again witnessed the same results in severe cases of la grippe. The more severe the case, whether of rheumatism, la grippe, gout, sciatica or lumbago, the more I push the Tongaline by giving smaller doses at closer intervals and invariably in hot water in place of cold. In cases where the stomach rebels and Tongaline cannot be administered in that way, I have the affected parts, say the inflamed joints in a case of rheumatism, or the lumbar region in that of lumbago, sponged with alcohol or soda water, in fact, I prefer the latter, then rubbed with Tongaline and apply heat by a hot water bag, or by some other convenient method. It is really surprising how quickly and thoroughly the Tongaline is absorbed and how effective its action when it is administered in that manner. In la grippe, when the stomach is very irritable, as is so often the case, you will find that Tongaline applied locally, say under the inner side of the thigh, and under the arms on the side of the chest, will eradicate the trouble more quickly and thoroughly than any other remedial agent. On several occasions when in the company of medical men and the subject of rheumatism was introduced, I have mentioned this treatment, and stated that in my belief we had in Tongaline almost as thorough a specific for rheumatic and neuralgic diseases as quinine was for malaria.—C. W. Canan, M. D., Orkney Springs, Va. Reprint from the *St. Louis Medical and Surgical Journal*.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No.7. BALTIMORE, NOVEMBER 27, 1897. WHOLE No. 870

## Original Articles.

# SYPHILIS OF THE ABDOMINAL ORGANS.

*By Henry Alfred Robbins, M. D.,*
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, MARCH 16, 1897.

THIRTEENTH PAPER.

THIS white woman, aged 20 years, had been sent to us from the throat clinic. You notice she has mucous patches in her mouth, and also that there is specific ulceration of the tonsils and pharyngeal walls. She has induration of the glands of the neck, and also of the epitrochlear. She has nocturnal headaches, pains in the joints, and alopecia. She has a history of a chancre and a bubo and eruptions, occurring five years ago. She has had three miscarriages, and she says that her child, now two years old, was born with the snuffles. She promises to bring her offspring with her when she comes again to the dispensary. It is the same old story, that now you are familiar with. In our last lecture, we went over the literature of the subject of syphilis of the heart and lungs. Out of a large amount of material, I selected what I thought would give you the best knowledge of organic changes which too often are only brought to light on the post-mortem table.

Before calling your attention to specific affections of the liver, spleen, kidneys, etc., we will report the following case of gumma of the esophagus. Berger (*Deutsche Medicinische Wochenschrift*, 1896) treated a patient with this unusual cause of stenosis of the cardia. A man, 55 years old, without definite history of syphilis, but with a history of severe headaches, an eruption without itching and, on coming under observation, enlarged inguinal glands, had vomiting several times a day, usually after meals. This had lasted a year. There was loss of weight amounting to thirty kilograms. The patient would not permit the exploration of the esophagus, but the suspicion of stenosis of the cardia which was raised by the history was confirmed by the usual symptoms of complete obstruction, which appeared a month later. At that time, even the smallest sound could not be passed beyond the cardia and there was a slight obstruction in the upper part of the esophagus. At first it was supposed the patient had carcinoma of the cardia, with a metastasis above. Later on, however, the long course of the disease and the absence of cachexia raised again the thought of syphilis. Potassium iodide was accordingly prescribed. Improvement soon began and in about a month it was possible to pass a sound into the stomach. The obstruction higher up had also disappeared. As the patient continued to improve, the slight possibility of an ulcerating carcinoma became altogether improbable and

the author's diagnosis of gumma will no doubt be accepted. That such obstructions are due to gummata rather than gummatous scars is the general opinion of others who have investigated the subject.

Syphilitic disease of the liver occurs in two forms. (1) Simple interstitial hepatitis. (2) Hepatitis gummosa. These forms may co-exist in the same liver.

The symptoms, pathology and morbid anatomy of simple interstitial hepatitis are those of cirrhosis ; the syphilitic variety of the disease, however, more frequently results in simple induration without the formation of the nodules characteristic of cirrhosis. Hepatic gummosa consists in the formation of white, depressed deposits, having a radiated form, on the surface of the liver and extending to a variable depth into the interior of the gland. In this opaque deposit, whitish or yellowish nodules, varying in size from a hemp seed to a walnut, are found. They are composed of oil globules, cells loaded with fat and fibers of connective tissue, being identical in structure with the common syphilitic node.

Virchow described peri-hepatic lesions and simple gummy interstitial hepatitis. The former never occurs alone, but is generally associated with the latter. The hepatic substance atrophies and the deposit contracting, is eventually absorbed, causing a cicatrix-like mark. The liver lesions are usually among the later symptoms of syphilis and are well described by Virchow and Wilks.

Dr. Teissier relates the case of a boy, fifteen years of age, who came under his care, suffering with ascites ; there was also diarrhea and a slight cough. The diagnosis was made of tuberculosis of the peritoneum, intestines and lungs. Paracentesis was performed several times and the child was put upon a tonic and diuretic treatment, but he sank rapidly and died. At the autopsy there were no tubercles discoverable in any of the organs or nervous membranes. Of all the viscera, the liver alone showed any changes. It was rather small and presented upon its surface yellow nodules, hard as stone and covered with a fibrous envelope. This latter sent out white, fibrous prolongations, following the course of Glisson's capsule and giving to the liver a lobulated appearance. Examination, both macroscopical and microscopical, showed the case to be syphilis of the liver and this was further confirmed by the statement of the parents that the child had acquired " a disease " from his nurse.

Dr. Hanot (*La Tribune Médicale*) described three cases of constitutional syphilis in which occurred hypertrophy of the liver and spleen with chronic jaundice. The clinical symptoms and microscopical examination made in one case (infectious nodules, intralobular capillarity, specific alterations of the hepatic cells) demonstrated that it was a case of infectious hepatitis. Though the same collaboration of symptoms has been observed in different conditions, there exists, nevertheless, a form of hepatic syphilis with chronic jaundice, which may be named " hypertrophic syphilitic hepatitis " and which may be regarded as a special form and is amenable to specific treatment.

Dr. Walter Moxon, who was an early worker in the field of visceral syphilis, found syphilitic deposits in the spleen, consisting of sulphur-yellow nodules of the size of peas, plentifully scattered, deep-seated and fatty in their center. He also found gummata in the pancreas and reported his discoveries in Guy's Hospital Reports nearly twenty-five years ago.

Dr. Haslund of Copenhagen (in the *Vierteljahresschrift für Dermatologie und Syphilis*, 1882), gives the post-mortem records of the Communal Hospital of Copenhagen for a period of fifteen years (1865-1880). Among these he found 154 cases of children who died of inherited syphilis. In 96, the spleen was healthy. In the remaining 58 cases, the spleen was diseased, the change being due to hyperplasia in 55 ; in fourteen of these the consistence of the tissue was normal ; in 31, the organ was harder, and in 10, softer than natural. Further, one case of an infant was noted, one of fibrinous deposit on the serous

surface and one in which there was thickening of the capsule. In none of these three is there mention of alteration in size or consistence. Among these 55 cases of hyperplasia, fibrinous deposits on the surface of the spleen were noticed 19 times, scattered patches of thickening of the capsule 4 times, and adhesions to neighboring parts once. Finally, in three cases, there were miliary tubercles in the spleen, associated with tuberculosis of the other organs. As regards the significance of these changes, the author is of the opinion that the simple hyperplasia must be considered to be in direct relation with the general disturbance of nutrition caused by syphilis ; but whether it be a cause or a consequence of the cachexia must remain doubtful until the functions of the spleen are better understood. The other changes noted are considered to be directly due to syphilis. Among the 154 cases there was not one of amyloid degeneration and in only one were gummata mentioned in the report. The author also examined the post-mortem records of forty-four adults who died during the course of syphilis in the department of the hospital during the same series of years. In three of these there was amyloid degeneration of the spleen. This change, Dr. Haslund thinks, is always dependent upon chronic suppuration either in the superficial tissues, in the bones, or in the internal organs. Of the three cases just mentioned, there was old necrosis of the scapula and clavicle and suppurative pylonephritis with calculi in the pelvis of the kidney and left ureter in the third. Among the 44 cases there was no instance of gummata. In 10, the spleen was healthy ; in 27, there was more or less hyperplasia, the organ being softer than natural in 11, and firmer than natural in 16 ; scattered thickenings of the capsule were noticed in 2 cases and adhesions to the surrounding parts in 4 cases.

In a former lecture I called your attention to diabetes insipidus occurring in syphilitics and gave as a possible cause the presence of a cerebral gumma. Dr. Sidney Philips (*British Medical Journal*, 1883) stated that " in all the cases where a growth had been found as the cause of polyuria, it had been situated at the base of the brain." An interesting case is recorded in the *Annales de Dermatologie et Syphilologie* several years ago by Dr. LeMonnier, of a patient, aged 50, who for five months had been suffering from diabetes and passing sugar in his urine to the extent of 70.80 grammes per liter. His condition was becoming serious and the symptoms were increasing in severity, when suddenly he developed a gumma of his pharynx which subsequently ulcerated ; this, of course, proved the presence of a syphilitic taint, although the patient had previously denied all knowledge of this disease. From the time that the gumma appeared the case was treated with iodide of potassium. At the end of eight days there was great improvement in the local affection and, remarkably enough, the amount of sugar in the urine had fallen to 27 grammes per liter. The treatment was continued and, after the lapse of three months, the ulceration of the pharynx had cicatrized and all trace of sugar in the urine had vanished. The author observes that, although the occurrence of syphilitic diabetes has not been disputed by Fournier, Lécorché and others, still the case is worthy of publication owing to the fact that the usual diabetic treatment yielded no definite relief and that the complications and progress of the disease were immediately arrested as soon as antisyphilitic remedies had been administered, resulting in the cure of the patient.

The *Therapeutic Gazette* of February 15, 1897, contains a very able editorial article on renal syphilis, in which attention is called to the teachings of Rayer —that symptoms of nephritis occurring during the administration of mercury are due to the drug and not to the disease. Various authors were quoted, who varied most widely in their conclusions.

" The symptomatology is, however, clearly understood. Early secondary syphilis of the kidney develops usually about two or three months after a chancre, the first symptom often being edema

or unusual frequency of urination. Associated with this there may be headache and general digestive disturbances. The urine on examination shows albumen, blood and epithelial, and hyaline and granular casts. Under treatment, resolution is prompt ; without treatment the acute nephritis is likely to become chronic.

"The pathological changes are those characteristic of acute nephritis. The affection seems to be vacillating and in its course closely resembles scarlatinal nephritis.

" The late nephritic lesions are characterized by symptoms absolutely like those of chronic nephritis. Pathologically, the kidneys are found to show amyloid degeneration, interstitial inflammation and the development of gummata ; these various changes are often associated. The amyloid change seems to be the most common one.

" Wielander (*Archiv für Dermatologie und Syphilologie*), after an exhaustive study of the question, concludes, in regard to nephritis of secondary syphilis, that although a slight specific albuminuria may occur with the outbreak of secondary syphilis or during recurrences in this period, this is rare. It is very rare to find an albuminuria demonstrable to nitric acid and it is extremely doubtful whether this is really a symptom of parenchymatous nephritis. As to the later periods of syphilis, occasionally there develops an interstitial nephritis under such circumstances that casual relation between it and the specific constitutional disease is probable.

"In the later period of the disease there occurs in exceptional cases an afebrile kidney affection characterized by a dirty-brown, turbid urine, containing a slight amount of albumen, blood and epithelial cylinders and a large quantity of detritus. This affection of the kidney occurs when gummata are breaking down in other portions of the body and diminishes and disappears under specific treatment, together with the other tertiary symptoms. It is probably due to the breaking down gummata in the kidney.

"Mercurial treatment, especially when it is pushed, causes cylindruria, at times albuminuria, which may be slight or severe according to the idiosyncrasy of the patient. The absence of cylinders and albumen in the urine does not show failure to absorb mercury. It is only by examination of the urine and the feces for mercury that the amount which is absorbed can be determined. The cylindruria and albuminuria caused by mercury are transitory and do not predispose to subsequent kidney affections.

" When nephritis has developed, especially the parenchymatous or the interstitial variety of the disease, mercury must be given cautiously ; during the course of nephritis, mercury is eliminated largely through the feces, at times abundantly through the kidneys, but always to a minimal extent through the saliva.

" The prognosis of nephritis occurring during the secondary period of the disease is nearly always favorable. Tertiary nephritis is of a gummatous type, yields as promptly to specific treatment as do gummata in other parts of the body. When degeneration has proceeded to complete destruction of secreting substance there can be no restoration of tissue, and specific treatment avails only in preventing further extension of trouble.

" The communication of Wielander again raises doubts in regard to therapeutics which seemed in a fair way to be cleared by recent records of syphilosis.

" His conclusions, based on a thorough study of the matter, seem to show that nephritis, due to secondary syphilis, is rarer than that occasioned by full doses of mercury. The important lesson to be drawn from the study is that examinations of the urine should always be practiced in cases of syphilis ; that when albuminuria and cylindruria are observed, the practitioners should carefully consider as to whether this is not due to drugs rather than to the disease for which the medicine is administered ; that toxic effects occur readily when the kidneys are crippled, and hence mercury must be administered with extreme caution. It seems scarcely

necessary to state that in addition to specific treatment, cases of syphilitic nephritis should receive the hygienic and hydro-therapeutic and medicinal care appropriate to inflammation of the kidneys when it is due to other causes."

In a former lecture we called your attention to the dangers as well as virtues of mercury, and also of iodide of potassium. Next to the brain, heart and lungs, the renal filters are the most important organs of the body. The hydraulics of nature wear out slowly, but they respond to the lubricating specific treatment, when syphilis clogs the working gear. When a physician meets nephritis in an adult, he would do well to think of the possible origin of the renal difficulty in view of the great number of cases of unsuspected syphilis.

Whenever I hear of a miraculous cure of Bright's disease, as a result of a certain notorious quack medicine which is known to contain a large per cent. of iodide of potassium, I think that a physician has gone astray in his diagnosis, and that the germ of the disease was of specific origin, giving rise to the train of symptoms identical with those of fatty degeneration of the kidneys.

*Nephritis due to Hereditary Syphilis.*—According to the opinion of Audcoud (*Revue Médicale de la Suisse Romande*, 1896), renal alterations may be present from birth in cases of hereditary syphilis, perhaps oftener than is currently believed. The lesion may appear in the form of gummata, of acute parenchymatous nephritis, of amyloid degeneration. These lesions may be manifested during life by the usual symptoms of nephritis; anasarca, albuminuria, anuria, vomiting and uremic convulsions, and may lead to a fatal termination. It is important to recognize early the etiology of the cases, in order to institute appropriate treatment promptly and effect a permanent cure.

Dr. Hock showed at a meeting of the Medical Club (Vienna), an infant, the second child of a syphilitic mother, who eight weeks after its birth showed a syphilitic erythema, which disappeared under the influence of proto-iodide of mercury. Later the extremities and penis began to swell, and an examination of the urine showed albumen, hyaline casts, and white and red corpuscles. Other symptoms of syphilis disappeared under the use of iodide of potash.

In 1878, Dr. L. P. Yandall of Louisville, Ky., reported in the MARYLAND MEDICAL JOURNAL, May, 1878, a case of syphilitic albuminuria, which is of great interest. The patient was an intelligent German, sixty years of age, and was an inmate of the Louisville City Hospital, December 1, 1873. "He was a subject of general dropsy, and on the card over his bed was written albuminuria." His pale, waxy-looking skin, puffy eyelids, constant indigestion, slight bronchitis, disturbed vision, hemicrania, pain in the back, muscular debility, and frequent nocturnal micturitions, all confirmed the diagnosis, and examination of the urine showed it to be excessively albuminous and abundant in tube-casts and renal debris.

Deriving no comfort from treatment, and, indeed, growing gradually worse all the time, and having no hope of recovery, he begged to be allowed to desist from treatment, and the request was granted at the end of two weeks. The patient's nose had the "saddle-shaped" appearance so often associated with tertiary syphilis, where the nasal bones have come away. This, with other indications of syphilis, decided the doctor to give the patient the therapeutic test. He prescribed a scruple of the iodide of potassium, to be taken in skimmed milk or water, every three hours when awake—the doses to be increased ten grains each, every day till iodism, gastric disturbance, or relief of symptoms, should occur. He took, on several occasions, an ounce of the medicine daily, and never had any discomfort from it. Iron and bitter tonics were given at the same time. His improvement was marked at the end of a few days. The throat rapidly healed, his strength, appetite and color returned, and the urine ceased to evince any sign of renal disease. In two months he was well.

*Syphilis of the Periosteum and Osseous Structures.*—Druitt alludes to a patient

who had perforations—due to syphilis—of both tables of the skull, with protrusion of brain substance, through apertures in the skull, and who recovered from this condition, and lived many years, with paralysis and neuralgia of the opposite limbs. Such aggravated cases, as he remarks, are fortunately very rare. The same author gives the most concise and accurate description of the osseous structures that I have ever read, viz :

"Syphilitic disease of the periosteum and bone most frequently attacks the tibia, ulna, cranium, clavicle, ribs and other superficial bones. It commences with tenderness of the affected bone, and severe pain, which begins in the evening, and lasts almost all night, but ceases in the daytime. The pain is shortly accompanied with oblong swellings, called nodes, arising from infiltration of the periosteum, with gummy exudation. These swellings are rather tender; they communicate a doughy feeling or obscure sense of fluctuation to the fingers; the skin over them is at first pale and movable. If the disease be arrested at this stage, it causes merely a superficial deposit of rough porous bone (syphilitic exostosis); or else a consolidation of the bone itself through the deposition of fresh osseous matter into its cancelli. If the disease proceed further, the deposit between the periosteum and bone undergoes mucous softening, producing an exquisitely painful fluctuating tumor. If it goes on, the bone may become carious; matter forms between it and the periosteum; extensive exfoliations ensue; the patient suffers severely from the pain and discharge; if the disease be seated on the head, death may ensue from irritation of the dura mater, or protrusion of the brain through apertures in the skull. It is usually the outer table only which perishes; yet there may be perforation of both tables, and the brain may protrude through apertures in the skull."

We have endeavored to make you acquainted with every manifestation of syphilis. We have presented patients that have illustrated every form of syphiloderm, and have described the pathological changes which take place, when the disease attacks internal organs.

In our next lecture, I hope to take up the toxine of syphilis—the poison produced by the undiscovered germs, and which is the product of the primary and secondary stages, known as the tertiary stage.

---

Temperance in Diabetes.—Dr. G. W. Murdoch, who, following the usual directions, had tried to cure a case of diabetes by a restricted diet, made such a dismal failure of it that he, as a last resort, cut down the diet without limiting the kind of food taken. He says, in the *Medical Record*, that in despair he took Dr. Purdy's advice to try the "beneficent effects of temperate eating" and in a few days by judicious starving the sugar disappeared and now the man lives on ravenously hungry, but free from his disease.

* * *

Supraorbital Neuralgia.—Dr. T. J. Pugh recommends in the *Southwestern Medical Record* in unyielding supraorbital neuralgia the hypodermic injection of a solution containing two grains of the tincture of veratrum viride and one-fourth grain of morphia. The pain is burning for the instant, but immediate relief follows. He has used it for seventeen years without failure.

* * *

The Duration of Vaccinal Immunity.—J. Jasiewicz (*British Medical Journal*) has gathered together some statistics which seem to show that the immunity from vaccination in infancy lasts a much shorter time than is commonly supposed. In the case of 23 children under 6 years of age vaccination was successfully performed in 7, 35 per cent. Jasiewicz, therefore, recommends more frequent revaccination in childhood and especially in early childhood. He believes that it protects from other infectious diseases as well as variola.

# NUTRITION.

*By William F. Barclay, A. M., M. D.,*
Pittsburg, Pa.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF MARYLAND, WEST VIRGINIA AND PENNSYLVANIA, AT BEDFORD, PA., JULY 15, 1897.

(*Concluded from Last Week.*)

"VARIETY is the spice of life" in all things, especially in the selection of food to be eaten by man. It is essential to health to have as great variety as possible. Nothing demonstrates this truth more forcibly than the sameness in the food provided in boarding houses, restaurants and hotels, and the deleterious effects upon health. No one obliged to subsist upon food provided in boarding houses, restaurants or hotels has failed to discover the disastrous effects of these institutions upon health. It is a usual observation of persons engaged in this business, that sameness of food lessens the appetite and thereby the quantity of food consumed and consequently the expense in providing food. Some hospitals starve all patients and thereby increase the mortality of those persons obliged to seek the care of these institutions when sick. I have given careful study of the quantity, quality and preparation of food provided in hospitals and am satisfied that it is neither fit to be eaten by the well or sick. This statement is verified by all persons who have been so unfortunate as to have to exist on hospital fare. All schools so far as the provision of healthful food for students are reprehensible and the number of the young that are injured in health and normal development of the body is an alarming consideration in physical economy. It is true that most young persons who are obliged to live on school fare for any considerable length of time are permanently injured in health, and in many instances the foundation of diseases laid that eventually destroy life. No school can be honestly recommended that obliges its students to live within the institution, and upon the fare therein provided. Study and mental application are not derogatory to health, but, on the contrary, mental training is beneficial to physical development when it is carried on under proper sanitary care and healthful nutrition of the body.

There is frequent reference in personal histories to the advantages of being born and reared in the country, but after all the healthful, substantial and well-prepared food, with restful sleep, had more to do with health and development of the body and mind than we suspect. The organic development of the body is modified by degeneration in progenitors and the care and nutrition provided for the sustenance of life. Environment is an important consideration in a study of man in his geographical distribution upon the earth and the survival of the fittest. "Knowledge is power," in whatever sphere it is applied, especially in vital economy. Science has done much to palliate and cure the ills that afflict mankind, but good cooks in the kitchens have done more to prevent them. It is readily within the recollection of each one of us in recalling the good mothers who studied to please the palates of their children, and at the same time avoided that which was deleterious to health. Sickness in the good country homes, in which many of us were reared, was almost unknown. The doctor's bills were rare and easily paid. An occasional aching tooth had to be extracted, and vaccination a much dreaded surgical operation. Good digestion, which can only come from proper food properly prepared and eaten, is the real foundation of good health, based on good nutrition which builds all the tissues of the body and thereby establishes perfection in bodily organic development. It is of vital importance that the mother should nourish her infant from her own breasts,

if possible, otherwise cows' milk from selected cows properly fed and cared for is second best food for infants, yet it lacks some subtle element that enables the infant to weather the storm of infant life. Vegetables that are properly grown and prepared for food, also fruits, are delicious, and at all seasons are nutritious and healthful. Perfection in vegetable growth is an assurance of such food being wholesome and nutritious. Many vegetables are condemned, which if properly cooked are enjoyable and excellent food. In the warm season vegetables and fruit should be selected as a diet and when properly prepared and combined are the essence of good living.

The Germans are more intelligent in the selection of vegetable diet than the people of other nationalities and the good health which these people enjoy is a substantial evidence of the healthfulness of this mode of living. Nourish the sick and the success that merits favorable nutrition will crown the efforts that tend to rational nutrition of the body. The usual liquid dietary is of all procedures in the treatment and management of the sick most irrational. I believe more typhoid fever patients die from bad food supplied to them and pernicious nutrition than die of the disease. For over twenty-five years, in a large general practice, I have abandoned the liquid diet course of nourishment in typhoid fever and give all patients a carefully selected solid food diet. As a result the mortality reports show a death rate in my practice of less than one per centum. Perhaps no statement could be more at variance with medical routine dietary directions in the care and treatment of typhoid fever. I believe that the large mortality in typhoid fever is caused largely by malnutrition, superinduced by enforced liquid diet in a mistaken conception of the use of solid food and the danger of bowel perforation. That extreme prostration is the immediate cause of most deaths from typhoid fever is established by post-mortem examinations. Through the kindness of a hospital physician I learn that in eighty-three post-mortem examinations made, not a single cause of death was recorded from rupture of the bowel, although the immediate cause of death, post-mortem, had been so assigned in the greater part of the death reports. The real, immediate cause of death in most instances was from so-called heart failure (insufficient muscular action of the heart to keep up the circulation of the blood).

Sameness of food impairs digestion and thereby causes malnutrition of the body in health and disease. An animal diet is a source of danger and disease from many apparent causes. Meat is wholesome and nutritious food only as it is obtained from healthy animals and properly slaughtered, the flesh carefully cared for and seasoned. The same statement can be truthfully made as to the use of fowl and fish as food. Milk is nutritious, as it is pure and agrees with the digestive powers of the body. No single article of food and its products contain so much filth and is so liable to contain the germs of disease. A volume could not contain all that can be truthfully written against the use of milk and its products as it is generally produced and sold for general consumption as food. Pure milk fit for human use sold in the city of Pittsburg does not exceed five per cent. of the quantity consumed. It is estimated that two million, five hundred thousand dollars are annually paid by the people of Pittsburg for milk and the greater part of this is unfit for human food. Butter fit to be eaten is difficult to obtain in our markets; in fact, about the same per cent., as of milk, is unfit for food. The Swiss and Hollanders alone are intelligent in the production of milk and its products fit for human consumption. A study of a large number of herds of cattle as to their physical condition, care and health, the methods used in drawing the milk and its care and preparation for market will satisfy anyone of the truthfulness of the statement made. Bread that is generally sold by bakers, as a rule, is unfit to be eaten and is a cause of disease. Time will not permit a general consideration of the subject of food supply and its sale for human use as food, or the correction of the evils in

our modes of living, which must come from the education and intelligence of the people.

Pure food laws enforced under political appointments are a farce and public expense. Pure food laws enforced by sanitary commissioners can alone protect the people from the impositions practiced upon them by the sale of impure and injurious food. The production of food, its care and preparation and the method of taking food into the body for its nutrition and sustenance, is the greatest of all vital problems. Correct methods adopted in the art of living insure health and strength and an absence of discomfort and disease. The introduction of cooking schools in our educational system is an advance in our social and educational systems. Intelligence and observation in our American institutions as to our modes of living will enhance our comfort in life, as well as the intelligence and nobility of our people. The educational and intellectual condition of our people must largely rest upon sound physical organization and perfect health.

A careful study of the ancient Greek people indicates that the physical, mental and intellectual perfection of her people was attained by a careful study of natural science and its application in all things that pertained to the perfection that characterized them as a typical race. Parental preconceptions were instituted in the production of the race and the maternal, mental and physical conditions adopted that were conducive in the production of the best mental and physical organization. The mother nourished her child after its birth from her own breasts. The Greeks were vegetarians for the most part in their diet and consumed much wine in their feasts, which does not seem to have been disadvantageous to their health and strength. Degeneration in our people is painfully evident in our observations based upon the highest and best types of mental and physical organization. It is evident that methods in living have an important part in the results that mar anthropological studies. Studies in physical life demonstrate that proper care and protection with suitable food supply has an important effect upon the maturity and perfection of the best results in mental and physical organization. That the food consumed has an injurious or beneficial influence upon the organization and development of the body as well as its healthy or diseased condition is attested by all observers who have had opportunity to study the conditions of man under varied climatic, educational and social influences.

Vital laws must be observed and obeyed by all in a temperate use of the means provided for the sustenance of life. Food has an important influence upon man's nature and determines his place in physical, mental and social existence. The man who lives like a brute thinks and acts like a brute. That the disease conditions of the different functions that enter into the nutritive system are caused by the quality, quantity and as well as the manner of taking food, is evident. The modern hurry in taking food sufficient to sustain life at irregular hours is one of the most serious hindrances to health and comfort. It is a question of moment as to the good or bad effects of taking stimulants with meals, and careful observation of those nations that consume large quantities of wine and malt liquors with their meals indicate that their use, when pure, taken in moderation, are not injurious, neither tend to drunkenness.

The poor and those in moderate circumstances, as a rule, enjoy the best health, which is a result of being obliged to live on plain, substantial food. "Give me neither poverty nor riches, but feed me with food convenient for me." The diseases that impair nutrition of the body are many and largely preventable by the selection, preparation and manner employed in taking food. Discussion and treatment of the diseases that impair nutrition of the body, properly considered, are not pertinent in the consideration of nutrition. In the study of normal nutrition only food supply and the methods adopted in its preparation and the manner employed in its consumption should be considered.

## REPORT OF PROGRESS IN PSYCHIATRY AND NERVOUS DISEASES.

*By Irving C. Rosse, A. M., M. D., F.R.C.S.,*
Washington, D. C.

### ETHNIC PHENOMENA OF NERVOUS DISEASES.

THE relative frequency of neural and psychical disturbances among various races has been occasionally touched upon by medical writers within the past few years. The paper of Dr. Thomas J. Mays of Philadelphia, read before the Section of Neurology and Medical Jurisprudence of the American Medical Association, appears as a late contribution dealing with the increase of insanity and of pulmonary consumption among the southern negroes. As a solution of the question Dr. Mays demonstrates that pulmonary consumption is not primarily a disease of the lungs, but a secondary manifestation of impaired integrity of the nervous system in general and of the pneumogastric nerves in particular; and he adduces abundant evidence to prove that the freely acquired vices of alcoholism and syphilis being influences that specially implicate the structure of the body are, from the viewpoint of changed surroundings of the negro, among the most powerful causes that destroy the integrity of his nervous system.

As a matter of fact these remarks are in keeping with those of previous observers who have noted the prevalence of nervous diseases to be less a matter of ethnic distribution than of existing mesological conditions.

A few years ago I attempted to show some of the facts leading to the formulation of this notion and my paper subsequently appeared in several journals, both at home and abroad. (Les Neuroses au point de vue demographique, Archiv de l'Anthropologie Criminelle et des Sciences Pénales, No. 37, 15 Janvier, 1892.) It would not be referred to again but for the fact that some of the views therein mentioned in regard to the black race, though not meeting with general assent among my colleagues, have nevertheless been strengthened if not confirmed by Dr. May's observations.

An experienced traveler coming in contact with various races of men under different mesological conditions would of course not look for sunstroke and malarial fevers among Eskimo, nor for frostbites and snow-blindness among the natives of tropical Africa, yet he would find the infirmities of men much the same the world over when exposed to the same influences. A familiar example is found in the strange nervous manifestation in such circumstances as a dance among the Sioux Indians or a revival among Anglo-Saxons at a camp meeting. At both, many of the participants will sing, laugh, weep, foam at the mouth and fall exhausted in a faint or swoon. Analogous conditions of nerve disturbances may be found equally among the black inhabitants of equatorial latitudes and the hyperborean Mongolidae who live under the midnight sun.

In the negro we find beside gross anatomical dissimilarity, a difference of personal essence, so to speak, also an obtusion of peripheral sensibility, said to be owing to flattening of the tactile corpuscle and to relatively larger peripheral nerves when compared with the volume of the brain. I have noticed in blacks the more frequent normal absence of the knee phenomenon, as well as a want of fineness in the reflexes and lessened sensibility to alcohol and small intensity of nerve action. According to some observers there is a difference in the electrical state. The lesser intensity of reflex action in the black race has been noted in its traumatic and surgical relations, also in the nervous phenomena of pneumonia as manifested in that race; persons who have lived among primitive Africans, the Caffirs, for instance, have noticed that they seldom or never sneeze or yawn; and a French physician, who has made exhaustive study of the matter, gives as his reason for calling negroes *les hommes étalon*, the fact that they require one-third more time than white men to accomplish the sexual act.

Missionaries relate that in sub-equatorial Africa it is impossible to make a native experience the feeling of disgust. Moreover, the black does not

show the fear of death that exists in the white race. I have noticed similar things among the Eskimo of Bering Strait, the Tschutchkis of Arctic Siberia; and among the Innuit population generally, whose mental grasp and capacity are, by the way, rather owing to low schematism of the brain than to the index of the foramen magnum or the internal capacity of the cranium. The nervous derangements of the northern tribes, who, I may say, believe in and practice shamanism, go to show that nervous diseases are not, as many believe, confined to civilization. Among these people I have seen such familiar forms as insomnia, torticollis, epilepsy, chorea, cerebral hemorrhage, paraplegia, hemiplegia and suicidal mania. (See writer's "Cruise of the Corwin in the Arctic Ocean," Washington: 1883. Also, "First Landing on Wrangle Island, with some Remarks on the Northern Inhabitants." American Geographical Society, New York: 1883.)

Nearer to home, we find that paranoia and general paresis are more common in the white race as they come under the complex civilizing influences of town life, the bad features of which are increased consumption of tea, alcohol and tobacco, exposure to venereal disease, and the unequal distribution of wealth. The same causes seem to have produced an anatomical determinism in the black race among whom suicide and insanity, rare before the civil war, are since more prevalent and on the increase, as observation goes to show.

It is a matter of simple arithmetic that demographic phenomena are acted upon by the civil state. As social causes make a race drift away from the primitive type and make a change in its advancement, there will be a corresponding pathological change. This has occurred in the British army in India among the Sepoys, who on quitting their own habits to take on those of the English soldier, are subject to the same diseases as their white comrades.

Personal observation has shown the frequency of cerebro-spinal affections among several of the yellow races. Were it necessary, I might adduce concurrent testimony of others to show the same frequency, for instance, of progressive muscular atrophy among Polynesians, insanity in China and the extreme frequency of progressive locomotor ataxia among Malays, a fact that has been dwelt upon by Dr. Van Leent of Sumatra.

I can individually testify to the frequency of tabetic troubles in the black race. A few years ago I saw a case of locomotor ataxia in a negro girl at the central dispensary of Washington, the case having been called to my attention by a general practitioner who sought my views as to the diagnosis. The next case, a negro coachman with a history of syphilis, was typical in every respect. It occurred in the practice of an ophthalmologist, who called me in consultation because he had noticed the presence of the characteristic iridoplegic sign and the pathognomonic condition of the eye grounds.

In a native of Hayti, formerly under my treatment, the tabic symptoms were in an advanced stage, with gastric crises and the like. A member of the French embassy in Washington informs me that this patient has become insane. Another ophthalmologist of this town brought to me a negro man from an adjoining county of Virginia, in whom locomotor ataxia was so well marked that the case would prove a fine one for a clinic.

Still later I had a black man with progressive muscular atrophy, the mass of posterior muscle about the thighs and buttocks being principally attacked. A rare thing in this case was the existence of sugar in the urine. I may also mention a case of African hypnosis or *nelavan* in a negro boy, since dead. Authorities say that this scrofulous encephalopathy, or whatever we choose to call it, has never been observed except on the coast of Africa, and on the Congo particularly. Yet a few months ago I had another case in a negro man in Washington who literally slept himself to death.

Dr. P. S. Roy some time since took me to see a case of chorea, in a very black boy, whose case he reported to the *Medical Record*. Lately, I have

had under observation a case of emeryachit with salaam spasm in a negro woman.

Statistics of the Washington health office show that among people of color the decedents from nervous disease often exceed those of the white population one-third in the thousand. Many suicides are also recorded among people of African blood, and the number has increased progressively in the last twenty-five years.

SEXUAL PERVERSION AND UNNATURAL CRIME.

It is generally admitted that there is a greater tendency in the black race to certain nervous convulsive affections, as trismus and tetanus, but we should scarcely expect to see reproduced in them nowadays the old Scythian malady with all the androgynous characteristics that have come to police and medical notice.

In the matter of unnatural crime and outrages on morals, the negro has reached prominent notoriety, as attested by numerous lynchings South and West, and the increased number of penal offenses of the kind, notably in the District of Columbia. Though relatively speaking, the black race is in the majority, yet it does not hold a monopoly; for only of late have the Washington public been regaled with the prurient details of two trials. The accused in one case was arranged by the postal authorities for sending obscene matter through the mail. Another was a case of exhibitionism in an old man of seventy-five, who was said to have been guilty of an attempt to outrage several young girls. As the alleged indecent letter was written in modern Greek, and various witnesses differed as to the meaning of several words, the jury could not agree. In the second case the old man's previous good character, his impotence and general ill-health were deemed extenuating circumstances by the judge, who let him off with a fine.

Of late the literature of sexual perversion has become immense and the annals of unisexuality alone would form a considerable library. Not only is there a dictionary (Delvan, A.—Dictionnaire Erotique Moderne; Printed exclusively for the Biblio-Aphrodiphile Society and not for sale) of terms used in describing this unsavory subject, but special volumes appear from time to time with prefaces by eminent men, and at least two special journals intended for practitioners are devoted to this subject; namely, *Vita Sexualis*, published in Leipzig, purporting to be a journal of knowledge of sexual life and sexual desire of men, and "*Archivo delle Psicopatie Sessuali*, reviewing the subject from the viewpoint of psychology, human and comparative psycho-pathology, legal medicine and forensic psychiatry, and intended for the use of physicians, magistrates and lawyers. It is edited by Professor Pasquale Penta of the University of Naples.

In treating the symptomatology of this important neuropathic condition one class of writers, as Lombroso, Krafft-Ebing, Penta and others, interpret it in a biological sense as atavistic reversion, while a second class believes the condition to be a form of unnatural obsession, as Meynert, Birnbacher, Naecke, Charcot, Reynand, etc.

While many of these books may be read to advantage by physicians, and even by parents, educators, and others, (Ferriano — Sino — Delinquenti scatteri e fortunati, 600 pp.) it is to be regretted that in some of them the contents pander to salacious taste, while the books are wantonly and openly sold to improper persons.

The work of Dr. Laupts has a preface by Emil Zola, while Krafft-Ebing's habit of reserving the Latin language for his obscene passages and not for voluptuous details has caused his book to be sought after by the laity and even to be used as a text-book in Berlin brothels.

ATAVISM AND HEREDITY.

(See Fagio, (Eng.) Tratato d'Hygiene, Napoli, 2d ed., also writer's article in Reference Hand-Book of Medical Sciences).

As factors in the study of transformation of the individual, atavism and heredity have become questions of great importance to the more serious and advanced student of inherited aptitudes,

whether they be considered from an anatomical, mental, or pathological point of view. As a bull transmits the milk-giving qualities of his mothers, so will inherited conformations from human ancestors manifest themselves in a heteromorphous way as seen in the neuroses, eccentricities, vices, crimes and even genius. In this respect Zola's celebrated genealogy of the Rongon-Macquart is scientifically correct. In spite of all the evidence to the contrary, I have known a medical fossil in a court to testify in a matter of life and death that there is no such thing as insane heredity. Yet all students of modern psychiatry know that the two factors, heredity and stress, enter into the causation of all cases of insanity.

An individual of bad hereditary organization may go through life regularly as long as the determining circumstances are wanting. Yet he has about him the culture bouillon in which the microbe is absent. Some day certain circumstances may impress the culture and it will cease to be sterile. Ill-health, misfortune or untoward social condition, playing the role of the microbe, may bring about trouble that a healthy organization would resist. There is abundant evidence to show that mental alienation is absolutely hereditary, and the same is true of one of its phenomena, suicide, which is often only one of its forms. My experience in such matters tends to fill the statistics. Only of late among the great crop of suicides in Washington I recall three of whom I had professional knowledge. Two of them had been treated for delusional melancholia before stepping over the border line, and a third was a paranoiac.

### ALCOHOLISM AS A CAUSE OF NERVE DISEASE.

Careful statistical studies upon suicide show that alcoholism plays but a secondary part in its causation. The same statement holds good as regards intemperance in the production of insanity. Mr. Gladstone's sweeping assertions on this subject are as untrustworthy as some of his former political views, while Lord Shaftsbury's 50 per cent., according to Sir Frederick Bateman, is not endorsed by those competent to form an opinion on the subject, and after frequent discussion at various scientific associations has been reduced to 14 per cent. and by some observers to even a lesser figure. Much that is attributed to drunkenness is the result of other influences that become apparent when we ask whether drunkards are improvident and shiftless because they are drunkards or do they become drunkards because they are improvident and shiftless?

Many of us can recall habitual consumers of alcohol who are eminently successful in every way. Other men of exemplary lives are overtaken by financial ruin, domestic infelicity and religious doubts, only to yield to suicide or insanity, if of bad heredity, while the man of good hereditary organization stands firm against the stress of such adversities. Did space permit, numerous instances of drunkards who have attained great age might be adduced. On the other hand, two of the great exponents of temperance, Dr. Richardson of London and Dr. Williams of Baltimore, died early of Bright's disease.

The foregoing facts are not put forward to extenuate in any way the miserable vice of alcoholic inebriety, which it behooves the physician to discountenance by every means in his power. As instances of incongruity between cause and effect they resemble a reason I have just heard for the great number of suicides at this season, which many people believe to be owing to eating strawberries. It is related that in a German village everybody stopped eating potato soup, because a woman who had partaken of it fell down stairs half an hour thereafter and broke her neck. The reasons and conclusions of many temperance reformers are based upon just such foundation; yet we must admit a variability in the testimony as regards the use of alcohol taken in connection with many nervous manifestations and social conditions, the relativity of which is no more apparent than the perishing of two thousand women in the burning church of Santiago, or of the one hundred and fifty lives in the Paris fire.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, NOVEMBER 27, 1897.

THE two meetings which have been held in Baltimore in the past two weeks show how many subjects there are which lie on the borderland of medicine and are closely allied to it.

*Allied to Medicine.*

At the Maryland Public Health Association the dangers of slaughter houses and pig pens which infest the small towns of the State were clearly pointed out and many good suggestions were made and advances recorded. School defects and sewage disposal occupied a large part of the time of the meeting and it was interesting to notice how many of the members, not physicians, shared in the deliberations and how women attended the meeting and took an intelligent part in the reading of the papers and the discussions. This was the first semi-annual meeting of this body and yet many good results of its work have already been attained.

Physicians who are cutting off the sources of their own income in suggesting reform methods in health matters were the most prominent ones at this meeting and showed with what zeal they worked for the good of humanity rather than for a selfish motive. In some of the discussions it was unfortunate and at times rather ridiculous to see the partisan politicians keep together and defend their methods, especially in the question of public schools and scholars, and aside from these few speakers the meeting was conducted with an honesty of purpose which was most praiseworthy.

The sewage disposal of Baltimore will be a more difficult problem on account of the excellence of many methods and also because so many able men have such varying opinions.

At the first annual meeting of the Maryland Conference of Charities and Corrections held at Baltimore, on Monday and Tuesday of this week, subjects allied to medicine were considered. The care of the poor insane, feeble-minded and epileptic was thoroughly discussed.

Both these meetings will be an incentive for the accomplishment of lasting good for the defects and defectives of the State.

* * *

THERE does not seem to be much doubt that those who know best—the physicians—are united in wishing to retain Dr. McShane and, of course, also Dr. Stokes, in office; but the fear is expressed that the new mayor, who is said to put party affiliation ahead of fitness, will make a clean sweep of those opposed to his political faith and appoint those supposed to be equally as good, if he can find them, and even if he cannot, from his own party.

*The Health Commissioner.*

There is a strong hope that these reports are unfounded and that men who understand their work and who are endorsed by those who know what fitness means will have some influence with a mayor who has done so much talking in a short space of time.

The physicians and the press, both lay and medical, have all agreed that no man better than Dr. McShane can be trained and put into office without many years of experience and at a great risk to the health of the city.

Physicians should write personal letters to the mayor stating what they wish and should remember that an avalanche of public opinion may make some impression on even the most ardent partisan.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 20, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 15 |
| Phthisis Pulmonalis | | 17 |
| Measles | 8 | |
| Whooping Cough | 2 | |
| Pseudo-membranous Croup and Diphtheria. | 64 | 13 |
| Mumps | | |
| Scarlet fever | 19 | 1 |
| Varioloid | | |
| Varicella | | |
| Typhoid fever | 15 | 1 |

There are many cases of typhoid fever at Easton.

The New York Board of Health has begun a very praiseworthy war against crowded cars.

The consolidation of the Bellevue and New York University have been indefinitely postponed.

Drs. J. M. Spear and W. J. Craigen are the newly appointed pension examiners at Cumberland.

The disposition of the immense fortune of Dr. Evans, the Paris dentist, will soon be made public.

Some physicians of Baltimore are very negligent about reporting diphtheria and other contagious diseases.

The State Live Stock Sanitary Board has made, in its last report, some important suggestions which the State should heed.

A Christian Science Healer in Kansas City was fined $50 for failing to report a case of diphtheria, which subsequently died.

The British Medical Association will meet in Edinburgh in 1898, under the presidency of Professor Sir T. Grainger Stewart.

The death is announced at San Francisco last Sunday of Dr. Michael O'Toole, a distinguished surgeon and oculist, aged 65 years.

Emil Cayé, the well-known barber of Baltimore, has fitted up an aseptic barber shop under the supervision of Dr. Bernard Barrow.

It is proposed to build a hospital at Newport News.

Dr. Thomas S. Cullen has an office at 3 West Preston Street, Baltimore.

Dr. Charles H. Gibson, a prominent homeopathic physician of Hagerstown, Maryland, died at his home last week, aged about 50 years.

The Semi-Annual Meeting of the Indian Territory Medical Association will be held at Muskogee, Indian Territory, December 7 and 8, 1897.

The managers of the Union Protestant Infirmary of Baltimore met recently and reelected the staff. The building has been improved in many ways.

At the next meeting of the Tri-State Medical Society of Western Maryland, Western Pennsylvania and West Virginia, Dr. W. F. Barclay of Pittsburg will read a paper entitled "Medical Literature."

A young man who studied pharmacy and medicine in Baltimore has devoted his life to missionary work, and the King of Siam, in recognition of his abilities, has made him court physician.

In 217,000 prescriptions written in Chicago, Philadelphia, New York, Boston, Washington, Baltimore, Denver, San Francisco, New Orleans and St. Louis, 11.25 per cent. were proprietary articles.

At the last meeting of the Johns Hopkins Medical Society, Dr. William T. Councilman of Harvard University and formerly of Baltimore delivered an address on "The Pathology of Cerebro-Spinal Meningitis."

The Alumnae of the Johns Hopkins Training School for Nurses have established a bureau for trained nursing for people of moderate means. Nurses may be engaged by the day or for an hour each day at moderate cost.

Dr. Martin Roche, President of the Pennsylvania College of Pharmacy and the Polytechnic University, died at Philadelphia recently, aged 71 years. He was a graduate of the University of Pennsylvania, but practiced medicine for a short time only.

A bill has been introduced into the Michigan Legislature providing for the castration of all inmates of the Home of the Feebleminded and Epileptic before their discharge; of all persons convicted of felony for the third time, and of those convicted of rape.

## Book Reviews.

PATHOLOGICAL TECHNIQUE. A Practical Manual for the Pathological Laboratory. By Frank Burr Mallory, A. M., M. D., Assistant Professor of Pathology, Harvard University Medical School; Assistant Pathologist to the Boston City Hospital; Pathologist to the Children's Hospital and the Carney Hospital; and James Homer Wright, A. M., M. D., Director of the Laboratory of the Massachusetts General Hospital; Instructor in Pathology, Harvard Medical School. With One Hundred and Five Illustrations. Philadelphia: W. B. Saunders, Publisher. Price $2.50.

This book is divided into three parts. Part one treats of post-mortem examinations of the body, externally and internally. Part two is on bacteriological examinations, in which are included culture media, bacteriological examinations and autopsies, the method of studying bacteria in cultures, bacteriological diagnosis and clinical bacteriology. Part three is devoted entirely to histological methods. The order in this work follows closely that laid down by Virchow. The authors give some excellent information for private autopsies, especially when a certain amount of secrecy is demanded. The authors have produced a very useful book, which seems to fulfill its mission. The illustrations are of varying excellency. The book is well-printed and bound.

KLEMPERER'S CLINICAL DIAGNOSIS. By Dr. G. Klemperer, Professor at the University of Berlin; First American from the Seventh and last German Edition; Authorized Translation by Nathan E. Brill, A. M., M. D., Adjunct Attending Physician, Mt. Sinai Hospital, and Samuel M. Brickner, A. M., M. D., Assistant Gynecologist, Mt. Sinai Hospital Dispensary, is Announced for early Publication by The Macmillan Company.

Dr. Klemperer's work on Clinical Diagnosis is widely known and all English readers will be rejoiced to find within their reach this very comprehensive but condensed manual. Its chapters deal with the inspection and examination of the patient, the diagnosis of the acute infectious diseases, diseases of the nervous system, digestive diseases, each under its special symptomatology, diseases of the respiratory apparatus, the heart and circulation. Two chapters are devoted to urine analysis and to the disease of the kidneys. The four concluding chapters deal with the disturbances of metabolism, the diseases of the blood, the Röntgen rays as diagnostic aids and animal and vegetable parasites, including such bacteria as are of clinical importance.

No book so complete, short of a text-book of medicine, is before the American medical public. It has passed through seven editions in its original language (German) in as many years. The German school leads in clinical diagnosis and this little work is an exquisite example of its methods.

## REPRINTS, ETC., RECEIVED.

University of Denver Department of Medicine. 1897-1898.

Diphtheria Antitoxine Serum. H. K. Mulford Co. Philadelphia and Chicago.

Morphinism. By J. B. Mattison, M. D. Reprint from the *Atlantic Medical Weekly.*

The Treatment of Malaria. By Judson Daland, M. D. Reprint from *International Clinics.*

Adaptation in Pathological Processes. By William H. Welch, M. D. Reprint from the *American Journal of the Medical Sciences.*

The Diagnosis and Treatment of Chronic Gastric Catarrh. By Frank H. Murdoch, M. D. Reprint from the *New York Medical Journal.*

A Classified Catalogue of Medical, Surgical, Pharmaceutical and Dental Books, American and English. P. Blakiston, Son & Co. Philadelphia.

Streptococcic Infection and Marmorek's Serum. By George M. Cox, M. D. Reprint from the *Journal of the American Medical Association.*

Joseph Friederich Piringer; His Methods and Investigations. By Harry Friedenwald, A. B., M. D. Reprint from the *Johns Hopkins Hospital Bulletin.*

The Early History of Ophthalmology and Otology in Baltimore (1800-1850). By Harry Friedenwald, A. B., M. D. Reprint from the *Johns Hopkins Hospital Bulletin.*

Pharmaceutical Chemistry, Pharmacology and Pharmaco-Physics, the Natural Stepping-Stones to Scientific Medicine. By Alfred R. L. Dohme, Ph. D., Baltimore. Reprint from the *Journal of the American Medical Association.*

## Current Editorial Comment.

### QUININE ABUSE.

*Medical Summary.*

WHY intelligent persons should apprehend hurtful influence and destructive tendency of alcoholic abuse, and yet fail to see futility and evil of quinine self-medication, is a problem for the reader to solve. Quinine is usually harmless, but this does not justify self-medication.

### UNAUTHORIZED AUTOPSIES.

*Medical Record.*

IN cases of doubt as to the real character of the disease causing death, and when an autopsy is denied by the friends of the deceased, the physician can decline to give a death certificate; but he can go no further without permission from the coroner, to whom all such doubtful questions should be referred. It is always better to be sure first than to try to explain afterward.

### AUTHORS AND JOURNALS.

*The Laryngoscope.*

THE right of an editor to alter the manuscript of a contributor is often questioned. There are inalienable rights attaching to authorship. Manifestly, the editor has no right to change the meaning of an author. For want of space he may abridge matter, with an author's consent, omitting that which may not be pertinent, or necessary to the comprehension of the writer's thoughts; but he has no right to alter an author's words so as to change his meaning. Otherwise the language becomes that of another, and is no longer an exponent of the author's mind.

### POLYPHARMACY.

*Medical Brief.*

IT is a fashion with some to decry polypharmacy. The day of the "shotgun" prescription has passed. Nevertheless, there are cases which respond better to a scientific combination of drugs than to single remedies. Take opium and cinchona, for example. There are times when the crude drug gives better results than any of the salts. This must be due to the combination of active principles which it contains. Our main care must be to avoid extremes. If our knowledge of drugs is sufficiently thorough and extensive, we shall have occasion for the use of both single remedies and reliable combinations. We shall find that they supplement each other rather than act as substitutes.

### SMALL COLLEGES.

*American Journal of Surgery and Gynecology.*

THE day of huge classes is drawing to a close. The medical profession will soon appreciate the fact that the best instruction is obtainable in the small colleges. This expression may appear heretical to those who were educated under the old lecture system; but to the man who has learned the value of personal instruction in the chemical laboratory or in the pathological room during his early study and the benefit of immediate contact with the operator or demonstrator in his later work the statement will appeal with ever-increasing force. One can never learn the sound of a heart murmur, nor acquire the dexterity to make an intestinal anastomosis by sitting a hundred feet away from a "lecturer." He must come into actual contact with the patient and learn the technique by personal experience under the tutelage of a master hand and mind.

### A DEPARTMENT OF PUBLIC HEALTH.

*The Journal.*

ALL the indications point to the establishment at last, in this country, of a national bureau or department of public health. The yellow fever outbreak of the current year has fortuitously and fortunately directed the attention of the people to the urgent necessity for a better organized system of national supervision over the gateways of the seaboard by which epidemic diseases gain admission. The makeshift methods of recent years, utilizing the expedients of a special bureau created for an entirely different purpose, clinical only and not sanitary in its aims, have proved to be ineffective and the most dreaded of pestilential diseases has actually gained entrance under the very eyes and nose of the much vaunted guardian. Again, the lesson has been taught that the loss of life, the paralysis of business, commercial disaster and disturbed trade relations have footed up to millions, when as many thousands wisely expended by the responsible officers of a national establishment, charged with the protection of the public health—and with nothing else—would have made the former impossible.

## PROGRESS IN MEDICAL SCIENCE.

In Public Institutions.—Of the three hundred and over public institutions, such as asylums, dispensaries, hospitals, homes and infirmaries, in New York, one hundred and six are using Unguentine daily. It is a staple with them, thus showing a most deserved popularity. In fact, it is fast becoming the dressing for all ailments where there is inflammation. *Verbum sat.*

---

September 25, 1897.

Messrs. John Carle & Sons,
New York City.

*Dear Sirs:*—I have recently used the Imperial Granum with very gratifying results, being called in consultation, when death seemed imminent, to see a child that could retain nothing whatever on its stomach. I remembered my samples of Imperial Granum and ordered it tried at once, and it was retained. The child has not vomited since, the bowels are quiet, and the patient on the road to recovery. I have also used the Imperial Granum in a case of typhoid fever with equally satisfactory results. Yours very truly, ——— ———, M. D.

Physicians can obtain samples of this valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

---

Cystitis the Sequelae of Gonorrhea.—It is a well-known fact that the use of astringent and antiseptic injections in the treatment of gonorrhea not infrequently gives rise to various complications, such as cystitis, which not only prolong the course of the disease, but render it more severe and distressing. The problem of how to utilize the undoubted beneficial effect of these injections without subjecting patients to the accompanying risks can now be regarded as finally solved. Micajah's Medicated Wafers are of uniform composition, definite strength, and contain those astringent and antiseptic principles which clinical experience has shown to be most serviceable in the treatment of affections of the mucous membranes. By dissolving one wafer in the desired quantity of water, a solution of definite strength is obtained, adapted to any stage of the disease, or the sensitiveness of the urethra. This method of treatment with the wafers will be found of value, both on the score of simplicity, efficiency and convenience of application. (Write Micajah & Company, Warren, Pennsylvania, for samples and literature.)

---

An Organic Salicylate Compound in Subacute Rheumatism and Gout.—About two years ago I read a paper before the St. Louis Academy of Medical and Surgical Sciences on the superiority of the organic over the inorganic salicylates in the treatment of rheumatism, in which special stress was laid upon methyl salicylate as administered in the form of oil of wintergreen and oil of sweet birch. Methyl salicylate very seldom causes nausea or disturbs the stomach, a disadvantage common to the synthetically made salicylic acid and its salts. My results in acute and recent subacute cases of rheumatism when treated with methyl salicylate have been invariably good; but I was not so fortunate with the subacute cases, which were on the verge of becoming chronic until I added colchicum to my oil of birch. This method seemed to give better satisfaction, but syncope coming on in one case, and gastric irritation in another, warned me that this was not exactly what was desired to meet these cases. About six months ago a combination of methyl salicylate with colchicin came under my notice just at a time when I wanted to modify my treatment in a case of subacute inflammatory rheumatism. This combination was in the form of a liquid encapsulated and hermetically sealed, each capsule containing the equivalent of three minims of pure methyl salicylate and one two hundred and fiftieth of a grain of pure colchicin under the name of Colchi-Sal, the proportions being therapeutically ideal. The physiological actions of these two remedies are too well-known to be discussed here in detail. They are both diuretic, antipyretic and antirheumatic, though on what the antirheumatic action depends we are unable to say. We must accept the facts empirically that colchicum is a specific palliative in gout and rheumatism, and that methyl salicylate is a specific palliative in rheumatism and gout.—Geo. Howard Thompson, M. D., St. Louis, Mo., Professor of Materia and Therapeutics in the St. Louis College of Physicians and Surgeons.

# MARYLAND MEDICAL JOURNAL

**A Weekly Journal of Medicine and Surgery.**

VOL. XXXVIII.—No. 8. BALTIMORE, DECEMBER 4, 1897. WHOLE No. 871


## Original Articles.

## POLLUTION OF SOIL AND WATER.


*By John S. Fulton, M. D.,*
Secretary of the State Board of Health.



READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.


SOME years ago in England a man buried a barrel of petroleum in his orchard. The results of the interment astonished the community, for in a short time he and most of his neighbors had to abandon their wells. A series of wells averaging 60 feet in depth, and some as far away as 900 feet, were so affected by the diffusion of the coal oil that even cattle would not drink the water. Very likely this man had, within 100 feet or so of his well, a stable, pigsty and privy, and each of his neighbors possessed similar "conveniences." After the coal oil was gone they all no doubt returned to their former water supplies, without any further reflection than that coal oil is very searching stuff.

In some parts of Maryland ninety per cent. of the private wells are found chemically unfit for use. In other places a less proportion are contaminated, but in no community where systematic examinations have been made are as many as half the wells free from organic pollution.

When these facts are stated, persons unfamiliar with the subject are apt to reflect, "The danger must be small or everyone would be sick. How can one escape?" The reply is: Of those who die, most perish through the fault of man; of those who escape, all are saved by the providence of God. If the misuse which man makes of what he calls his land were permitted to work out its logical conclusion, the race would be extinguished. Man stupidly and persistently pours into his land as many as he has of the ingredients of a fatal prescription. Luckily, he is apt to lack the one thing necessary to complete the poison. When he possesses the deadly germ he flings it with the rest into the ground and feels no concern as to results.

The consequences, frightful though they may be, are more merciful than his conduct. He scatters like a prodigal the seeds of death, but our kind mother refuses the crop. He befouls the earth wherever he goes, but the sunlight, air, rain and countless hosts of living things are constantly busy cleaning up after him. It is only when he supplies more and worse dirt than these combined agencies can remove that outraged nature exacts the extreme penalty.

The amount of scavenging accomplished by these silent, ceaseless forces is incalculable. Chemical examinations of the soil around and beneath old vaults show in some instances that within a surprisingly short distance the soil is practically pure. Vidal and others poured quantities of pathogenic germs upon the earth at Grenvilliers, and found that they rapidly perished. The

bacteria of the soil are as a rule confined to a zone of from a meter to a meter and a half deep. The organisms of the upper earth are mortal enemies of the disease bacteria. Direct sunlight is fatal to many species of bacteria. Drying kills many germs, while others are born to destruction as dust in the air currents. Only a few harmful organisms, mainly those bearing spores, are able to withstand sunshine and dessication. The ordinary bacteria of water are hostile to the disease bacteria. These are a few of the influences which have helped man to increase upon the earth in spite of his dirty habits.

If human life were cheap, we might continue to accept all this beneficence without gratitude and indulge our selfishness without remorse. But human life is not cheap and nature justly illustrates both the value and the responsibility of life by now and then taking toll from the choicest of our flocks. Her means to this end are as simple and orderly as those by which she defends us, but they are not inexorable.

Having learned in part how the many are saved, let us see how the few perish.

The breeze, which disperses a myriad dried and inert plants, may drop a few into soil fitted for their renewed activity. The sun, whose rays shrivelled millions, warms hundreds into growth, and releases other hundreds from the clutch of frost. The rain, which buries some in the inhospitable depths of earth or sea, gives living drink to a parched few and trickles others into your well, supplying at the same time the nitrogen upon which they feed.

So the things which you have provided for your safety and comfort may become means to quite opposite ends. You have not appreciated the limits of your ownership and mastery of the land on which you dwell. Half of it is water and the water is not yours. The well which seems your very own is yours only for a day. You have merely a riparian interest in an underground stream subject to the equal rights of your neighbors upon either side. It is really a stream pursuing its course with measurable velocity to the sea. The heavens poured it upon the soil, which man and beast alike defile, and the patient earth has cleaned it for use. You have destroyed its subterranean character by impounding a part of it as a surface pool, for the perpendicular sides of the well, no matter how deep, are not the depths of the earth, but a deflection of its surface, bearing a zone of organic life but little different from that of level ground.

You have also constructed a vertical drain, affecting so wide an area that it is worth while to be informed what other things than water are within its influence. A well draws from an area having somewhat the shape of an inverted cone. How long its radius at the base may be is indicated by the coal oil incident.

Experiments have been made to determine the deeper radii, and it has been found that the angle of the drainage cone varies with the character of the soil and the rate of pumping. In fine sand, to pump out a foot of water depresses another well in the same stratum at a distance of 20 feet. In fine gravel, to pump out one foot affects a well 22 feet away. In chalk, one foot depression is felt at 57 feet; in sandstone, at 143 feet; and in coarse gravel at 160 feet.

If waterlevels are disturbed at such great distances, then the drainage area must be much wider at the surface than the coal oil incident would indicate. That observation shows that upon such soil nine wells would drain a square mile.

A certain Baltimore brewer, who tired of buying water at meter rates, sank an artesian well, securing a fine flow. Another brewer, inspired by the neighbor's success, drove a pipe to the same depth. The first brewer's water disappeared, never to return.

These observation all go to show that among a series of wells there are oscillations of current in the common water-supply, the direction of the stream being deflected toward one well or another as each in turn is used. If A uses 200 gallons in the morning, he gets part of the water from B's well one hundred feet away. In the afternoon B pumps

200 gallons, A's well being drawn upon for part of that amount. If a fire breaks out A's pump may be run at such a rate as to exhaust both his own and B's well. Instances of this sort are common.

In our suburban communities, what a sweet intimacy is this promiscuous use of a common water supply.

As the well is filled by draining from every direction, so from the points of deposit, human waste is dispersed in every direction. It is customary to set apart two or three spots for the collection of these matters, but it is questionable whether in many instances the soil is not more widely polluted than it would be by indiscriminate distribution. Where deposit on the surface is practiced, ordinary care being used to prevent undue accumulation, the area of impure soil is usually neither wide nor deep.

Under favorable conditions the bacteria in the surface soil do all the necessary purifying. Sometimes even under unfavorable circumstances, as under and around long used vaults, the pollution of soil has been found to extend not further than six or seven feet. This must not be taken as a general rule, however, for there is a saturation point for all soils, and as the bacteria, like other plants, have their seasons, the saturation point is variable.

The barriers may easily be passed, and when this occurs soluble impurities will sink through the soil in ever widening circles. The area of pollution has a conical shape, base down. The width of the angle of pollution will depend upon the nature of the soil, and upon its humidity. A wet soil diffuses chemical impurities widely. In a dry soil they sink more deeply. Impervious strata may conduct foul matter for long distances laterally. It is thus made plain that the attraction between accumulation of filth on the surface and the water in deep wells is mutual. The well exerts a steady pull, and the surface filth a steady push.

Up to a high dilution, water increases the danger of soil contamination. For that reason most pits are worse than surface closets. Shallow pits are good putrefaction vats, and in this process most of the contents become soluble. Cemented pits, if frequently cleaned, are, so long as they remain water-tight, not offensive. But cement is soluble in sewage, and the efficiency of a cemented pit fails in a year or two. Pits to be and to remain water-tight should be surrounded at least by a foot of well puddled clay. The grease from kitchen waste will preserve cement and keep a pit water-tight indefinitely. To the average suburban builder, that is the chief reason for not admitting kitchen waste to the pit. Where water-closets are used, tight pits fill up very rapidly, and where sewer connections are impossible, the expense of cleaning is a burden. This has led to the reprehensible practice of constructing cesspits of rough stone loosely laid in porous soil. Such pits rarely or never fill, and therefore are said to be self-cleaning. They of course distribute vast volumes of foul water into the surrounding soil, to be cared for by such agencies as chance or nature may provide, but so far from self-cleaning they are all befouling contrivances. Fifteen gallons or so of water with every discharge of the flush tank carry into the soil an amount of filth vastly greater than the slow filtration of an ordinary vault or surface closet.

In some parts of Maryland a form of cesspit is in use, which far excels the loose stone pit in ruinous effect upon water supplies. It is found chiefly in communities having recently installed public water service, without a sewer system.

When the service pipes of the water company are introduced into a house, the forsaken well is converted to a new and disgusting use. The waste pipes from closet and bath-room are turned into it and it becomes the cesspit. It is a most economical procedure. The well is dug to running water and the local well-digger will tell you that all the wells in the neighborhood have a very perceptible current from northwest to southeast. The well will never need cleaning, for it will steadily and speedily carry away all the sewage to the south-

east. Thus, without scruple, the subterranean stream, which is for many people the only water-supply, is befouled. In Baltimore County there are hundreds of such cesspits. There are few saving chances in this method of sewage disposal. Typhoid germs poured into such a sewer have an excellent prospect of arriving at the next well to the southeast in healthy and vigorous condition. These underground streams have no bacteria of their own, as rivers have, to dispute the passage of disease bacteria, and filtration through rotten rock or gravel is a very rude straining, not likely at all to be effective against the transmission of quantities of disease germs, directly applied as they are in this case. The typhoid bacillus will survive in a surface stream a trip of many miles. In underground streams the distance to be traversed is often but a few yards.

In the suburbs of Baltimore I can point to live well cesspits within thirty yards of drinking wells, and the rapidity of the current is such that the interval between pit and well is, I have reason to believe, less than an hour. The velocity of subterranean water has not been much studied, but it is well-known that even the ground water, which in many places comes up to within a yard or two of the surface, is not a placid lake, but a steady tide. The subterranean stream familiar to the well-digger in this part of Maryland gives plain indications of a rapid current. Its capacity for carrying off sewage is such that a well five feet wide will, all the year around, dispose of sewage and waste of a large household without showing any signs of clogging or accumulation.

The most primitive practice is more sanitary than this system, and its prolonged toleration is most deplorable. Indeed I do not believe that cesspits of any sort are necessary, convenient, or harmless. The correct method of disposal of human waste is to return it as promptly as possible to organic life. The means of doing this are hardly anywhere lacking.

---

# SANITARY ORDINANCES; POST-MORTEM.

*By Howard Bratton, M. D.,*
Health Officer of Cecil County, Maryland.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

THE usage of modern society demands more or less familiarity with sanitary principles and methods. The advancement of the pure science is rapid; its practical application lags. This is particularly true of the rural districts and towns.

It may be one excuse for the failure of the public to grasp and turn to advantage the well-attested truths of sanitation, that they have never been put before it in a correlated way. The first and only lessons have been served upon it by statute and ordinance. Any attempt to invoke the aid of the strong arm of the law to force half-persuaded people will meet with obstinacy and resistance. It is easier to lead than it is to drive. You can not secure cleanliness by legislative enactment any more than you can secure morality and temperance by law. Good citizenship may be proven so far as the law prescribes and its exponent be no better than an Ishmaelite.

Again, the diverse opinions and conclusions of scientists and sanitarians, to say nothing of the disagreements of doctors, are responsible for not a little of the indifference abroad in the land. It is openly charged (and with good reason, too) that the kind and extent of testimony produced by medical experts are limited only by your ability and willingness to pay for it. In the recent celebrated Chicago case, the prosecution

had less trouble in proving a skeleton in the closet than the arbiters had in determining what kind of a skeleton it was in the vat. Such a circumstance as this, or the slightest variation in the results of more occult things, beget an unconcern regarding less hidden dangers at the very door and causes the populace to look askant at the meandering trail of these blind leaders of the blind.

In the third place, the widespread and misdirected dissemination of the latest knowledge has resulted in an overtraining. A town which, for financial or topographical considerations, is unable to introduce the best equipped sewerage system, is loath to adopt any system at all and follows customs, which, if less primitive, are more deadly than those of the cave-dwellers. The education has begun at the wrong end. They would be much better off if they had never heard of a sewer, if present necessities are to be neglected in the hope of embracing better opportunities that may never come.

At a private discussion in regard to the public health it was suggested that for a burial in the cemetery a permit should be required. Another declared that no burial should be allowed in this particular cemetery, at all, it being within the town limits. When a third party contended that cremation was the only proper means of disposal of the dead, the whole subject was summarily dismissed as too horrible for even contemplation. Cremation will not be practiced, interments will continue to be made in the town limits because "them sanitary fellers are after us, dead or alive!"

By legislative authority delegated the town councils have passed ordinances for the protection of the public health. This is a sample—"Any person or persons who shall cause or permit any pigsty, privy, sink, or cesspool under his, her, or their control to become offensive to the neighborhood shall pay a fine, etc." Another ordinance requires a complaint to be made to the bailiff or a commissioner. Before it becomes offensive to the neighborhood or sufficiently vile for a complaint to be lodged with the bailiff, it has dealt disease and mayhap death to some household. If it contemplates suppression as a nuisance, prejudicial to comfort solely so far as odor is concerned, then the town has in them no health ordinance whatsoever.

It is a fair presumption that these ordinances were enacted for the benefit of the public health. They are a concession and a confession of the need of something in this line. But as such they are radically defective. They should look to the prevention of disease and provide for precautionary measures and safeguards, "first, last and all the time." They may be of some use, it is true, and a rigid practical application may preclude other cases; but any community is behind the times which depends upon a regulation powerless to do its full measure of good by making both healthfulness and prevention secondary and not primary considerations. They are post-mortem ordinances.

According to the State law, a certificate is required from three or more persons affected thereby that a nuisance is dangerous to health. It is allowed to continue dangerous to health, for how long it is not determined, before any means for redress become operable.

In this State the pollution of a public water supply is heavily penalized, if it be rendered foul and unfit for drinking and domestic purposes. Doubtless the act contemplates the prohibition of the slightest amount of contamination, but nevertheless an intolerable and dangerous degree of foulness would have to be proven before any fine would or could be imposed. The interpretation of the common law is dependent upon the decisions of different interpreters and is consequently conflicting.

It is generally admitted that the natural volume and purity of the water should not be interfered with, unless a prescriptive right of twenty years' continuous offending grants this privilege. Since this is so, the same privilege should be freely accorded to every other class of criminal offenders. But if disease and death has been caused thereby and you can prove the same to the satisfaction of the court the nuisance may be

interdicted and damages awarded. But nothing short of the killing of a dozen or so of people is likely to attract any attention.

A report of the town of Elkton is here introduced to illustrate the indifference and apathy of the people and the effects of deficient sanitary laws.

Although there are no statistics on the subject it can be shown that in the town of some 2600 inhabitants there were at least 35 deaths and that 14 or more of these were due to infectious diseases for the year prior to July 1, 1897. In July, August, September and October, 1897, there were 17 deaths and 10 were due to infection—3 cases of pulmonary tuberculosis, 2 of tubercular meningitis, 1 of tubercular peritonitis, 1 of diphtheria, 1 of pneumonia, 1 of typhoid fever, and 1 of tetanus in a stout boy of 17, with no history of traumatism, but of having lain in a perspiring state upon damp and foul ground.

The little white hearse leads far too many processions through the streets and religious consolation is proffered in the mysteries of providence; but, if there is one thing above another which indicates a dearth of true religion and a lack of common discrimination, it is this eternal mixing of ways providential and agencies pestilential.

One promise is invariably heard and no lesson is taken therefrom. "The years of a man's life are threescore years and ten." If there is any preference either way, it is toward fourscore years and, if he reaches not the limit entailed by Holy Writ, there is something materially wrong in his inheritance, his habits or his environment.

It is contended that Elkton is no more unhealthy than it used to be; this is freely granted, even to those who do not want to see that it offers less excuse for the disgraceful continuance. It has been asserted that it is no more unhealthy than other places. It proves nothing, teaches nothing, and gives no consolation to intelligent minds to compare Elkton to other filth-burdened towns, whether they live in spite of it, or die on account of it. The point is this: Some one has fallen short of his duty here if we suffer loss by one preventable death!

Part of the difficulty consists in insufficient drainage. The greater portion of the ground is naturally damp and there are many low places from which the water has no egress except through the ground and this continues in spite of excellent natural drainage. The accumulated filth of years is polluting the soil, the air above and the water beneath. As for diseases, they have everything advertised in the bills. On account of the dampness, respiratory diseases are frequent and fatal.

Some three years ago there was an extensive epidemic of pneumonia with the usual death rate of 1 in 4 for the epidemic form of this disease. Tuberculosis is prevalent, as the record shows, and to this the dampness contributes. Squire of London, investigating heredity, traced the progeny rather than the ancestry of consumptives and found a difference of but 9 per cent. He claims that it is a question of infection rather than inheritance; the victim inherits a lack of resistance to any disease. "Such a person living with a consumptive (it may be a parent) is likely to become consumptive, not because of any specific tendency, but being constitutionally nonresistant he contracts the disease, the infection to which he is exposed, and in this case it is tuberculosis."

The necessity of surface cleansing is reflected in the analysis of the drinking water. Three samples supposed to be bad contained in the aggregate 640 parts of chlorine when it should not exceed 18, and 70.53 parts of nitrates when it should not exceed 15, and nitrites from a trace to considerable. Three samples supposed to be good showed 86 parts of chlorine and nitrites very abundant. There was nearly a score of cases of typhoid fever in 1896 and three deaths. Dysentery and diarrheal diseases frequent.

The diseases, the germs of which particularly flourish and multiply in collections of organic waste, are, like the poor, always with us. Diphtheria has not been absent from the town for any length of time during the last two years. Of

some probably 50 cases there have been but two deaths. And in all of these diseases in 9 cases out of 10 you will find them in the outskirts and filthy portions of the town where they may reasonably be expected to be found.

The functions of a health board seem to be not operable unless some unusual sickness or mortality prevails. What would be unusual in Elkton would puzzle the prince of necromancers to decide. In the meantime the health board encounter the ragged end of an injunction.

From Sternberg, who stands at the top, to the framer of town ordinances, who stands at the bottom, of sanitary authorities, it is universally agreed that certain diseases are contagious from person to person. If the average Elktonian inadvertently gets into a house where there is diphtheria or scarlet fever you need not organize a society to stimulate self-help to get him out. Like the priest and the Levite he will, thereafter, go by on the other side of the street. Note the inconsistency—If he believes this, why is it so hard to make him believe that the abominations in his own back yard are likely to become sources of infection?

The hog as a poor man's savings bank is a delusion and a fraud. If you can not teach a man economy and thrift except through the medium of husks for swine, you can not make him keep his premises clean. During the past summer, the surroundings became so infernally bad that 50 per cent. of these penned up unfortunates died. This, at last, threatens to dethrone him as the most potent factor in municipal politics.

Since legislation is intolerant to the masses, and invariably fails, even when it has preponderating public sentiment on its side, some other means of escape must be devised. For any real relief the measures must be instructive rather than punitive. We must educate the individual, for a diseased public mind is dependent upon aberrations of the individual mind. Nor is it wise to attempt to do too much at one time.

It is one of the duties of the medical profession to educate the public on matters of disease causation. By constantly hammering on the subject of infection, with the object lesson before the class, we can secure the adoption of prophylactic measures indoors and out, where now carelessness and ignorance are the rule rather than exception.

The more systematic study of hygiene and sanitary science in educational institutions has at least the advantage of an early start. Instruction, first in the fundamental principles of cleanliness, ventilation, drainage, house building, town building and the more practical fields of fixed knowlege. At a later period the question of unsightly structures, unhealthy surroundings and immorality may be discussed in the light of Nature, beautiful and undefiled, except as man defiles her, and let the professor of esthetics determine how closely esthetic defects and moral defects are interdependent.

Among sociologists, the negro population is deserving of more study than it receives. Unclean, unhealthy and immoral; half-fed, half-clad, overcrowded and neglected; comparatively unrestrained by written law and social custom; devout followers of the motto on Maryland's shield, a growing enmity and distrust of the whites—these are characteristics which, if unchecked, are certain to produce, sooner or later, disastrous results. An unhealthy town is generally, if not necessarily, an immoral town.

Popular education may also be greatly furthered by the members of Public Health Associations by individual effort and lectures upon the subject. The Woman's Health Association of Philadelphia reports favorably on the distribution of opportune and pertinent literature.

Speaking particularly of country districts, the best means to this end is a record of vital statistics. In 1865, in Cecil County, a record was started in the office of the Clerk of the Court in a large book prepared for the purpose. It contains less than a score of deaths. This is the only good post-mortem ordinance that we have and it is allowed to become a dead letter. Where the number of deaths in a given time is unknown

in a given population, there is no chance to compare one section or one period of time with another, or to determine whether we are getting better or worse. There is lacking not only the foundation for an effective health department, but the principal means of attracting and holding the attention of the public.

Finally, in the rush after theoretical knowledge, it is fitting to pause once in a while to consider the best means of diffusing this knowledge among the parties most concerned, for the axioms of modern sanitation mean naught if not evidenced in practical and beneficent results.

---

# REPORT UPON THE CAUSES OF TYPHOID FEVER FROM RECENT EXPERIENCES IN BALTIMORE COUNTY.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

*By Purnell F. Sappington, M.D.,*
Health Officer of Baltimore County.

In speaking to an audience on a subject about which they know as much, if not more, than the speaker, he should obtain its pardon for his temerity before proceeding. I therefore crave yours for my few words and trust forgiveness, not only for them, but also for the time I shall consume, and the poor way I am able to present so important a matter.

After a perusal of the programme I thought of asking to be excused from reading my paper, when I saw subjects so nearly allied, treated by men so much abler to speak, not only instructively, but also authoritatively. In compliance with our Secretary's request, however, I venture to inflict on you the subject assigned.

Typhoid fever is a water disease, caused generally by infected water, treated best with cold water, and prevented by the use of boiling water, to the contaminated discharges from the patient. The water supply of no neighborhood is free from suspected contamination if this disease appears, and the position of the well and its distance from the sources of infection, largely influenced by the character of the soil, should be considered. This applies with equal force to springs, those in particular which are situated in valley or hillside below the seat of disease.

The closeness of the wells to the house may be a great convenience to the house-keeper, but is to be condemned from every other standpoint, convenience being the only thing in its favor. Water supplies close to dwellings are almost always polluted by animal or vegetable decomposition products.

This was found to be the case in the recent epidemic at Chase and Middle River, where the springs and wells are with few exceptions badly located. The bacteriological examination of the well and spring water from these two points will verify the assertion. I here read the report of samples taken from this vicinity.

Dr. John S. Fulton,
Secretary State Board of Health.

*Dear Sir:*—I respectfully submit my report upon the bacteriological examination of the wells and spring waters from Chase, collected on Friday, October 15, 1897. Sample No. 1, Spring near house of Draayer family. Water clear; no odor; microscopical sediment negative. Five cubic centimeters were introduced into fermentation tubes and the subsequent reaction was typical of the bacillus coli communis.

Sample No. 2, spring further from house of Draayer family. The sides of the barrel of this spring were covered with a greenish, shreddy deposit. This under the microscope was seen to consist of microscopical animalculae of the class of infusoria called paramecium

and monads. These organisms are usually found in polluted water. The bacillus coli communis present in 5 c.c. of water.

Sample No. 3, Harris well. No bacillus coli communis in 5 c.c. of water. Microscopical sediment negative. The presence of the bacilli coli communis in the first two samples, furnishing the water supply to a family in which three persons were suffering from typhoid fever, is interesting, since it shows the presence of intestinal deposits in the water. This, in connection with the fact that regular drainage could enter either of the springs, certainly furnishes the most reasonable explanation of the cause of the typhoid fever. Very respectfully,

WM. ROYAL STOKES, M. D.

All sanitarians recognize that the finding of fecal organisms in water renders it unfit for use, yet the hands of those connected with the boards of health of this State are tied under present laws, even when fully convinced such is the case; but I am proud to say that we have here in our midst a man who locked wells he believed so infected, not taking into consideration anything save the good he was doing. It has long been an open secret that the neighborhood of Chase and Middle River is a hot-bed for zymo-pathogenic affections, and this surely is reason for the inhabitants to use all precautions to keep their properties in such condition that they may not, by their neglect or indifference, contribute to the spread of these diseases.

The healthfulness of this portion of the county can certainly be much improved by a few simple precautions and the mortality greatly reduced. It is an easy thing to drain a puddle of stagnant water, to keep a stable, a pigpen and privy clean. It is also economical to do so. Not to comply with the simple measures is to open the way and bid welcome to the dreaded disease which has taken off some of the best residents and left sadness and mourning in so many households. The vicinity of Chase is a rolling country, dotted by many springs, streams and a number of insignificant tributaries of the bay, with their accompanying marshes and swamps. These points taken into consideration make it no wonder that miasmatic contagious diseases so frequently infest the neighborhood, and when in addition the wells, their closeness to privies, pigpens and stables are taken into consideration, one can but be surprised that diseases of this character are not more devastating in their results.

Whether these conditions are more favorable to the development of the disease than the carelessness of the physician to its spread is a question of no small moment, and should cause a pause for their consideration. Let every physician treat every fever suspect as if it were typhoid, exactly as he does and should treat any membranous throat as diphtheria until convinced to the contrary. Had proper precautions been taken in the Plymouth, Pa., epidemic of 1885, that town would not have had such objectionable prominence thrust on it. With what force the thinking man is struck as to the woeful neglect there committed; how little he takes to himself the necessity of avoiding the same is shown by the number of cases in a neighborhood treated by the same individual and for which he himself at times is clearly responsible.

Unfortunately some practitioners of the State are unwilling to say a case is typhoid that they have not pronounced so at the onset, and rather than acknowledge their mistake, give absolutely no instructions as to the disinfection of the dejecta. This, to some of you, may seem satirical, but it is true, and on more than one occasion has my attention been called to this condition by rivalry between physicians practicing in the same neighborhood. Not only is this ignorance or indifference with physicians, but also with the laity. In examining the surroundings of a house in which three were sick with typhoid, the pigpen was inspected and found to be filthy in the extreme. On telling the owner to clean it, he asked in open mouth astonishment, "Doctor, what's the matter with them pigs?"

Typhoid fever being a disease caused by impure water and air, needs for its treatment pure water and air. We may well understand how the germ may be

transmitted by the air, especially when we take into consideration the nature of facultative aërobics. Milk enters largely as an etiological element in that it is used so largely as a diet in this disease, and one should be sure that it is of such quality as not to be feeding the patient with the disease we are trying to get rid of. Any doubt as to its contamination should exclude its use, giving the patient and not the milk the benefit of the doubt. Vegetables are frequently infected by being grown on soil fertilized by night soil, or watered by liquid manure, the common practice on some of our trucking farms. Vegetables should not be allowed to be sold that are taken from a soil polluted as mentioned and the same law should apply to these as to milk from infected cows or diseased flesh.

The part taken by the temperature, rainfall and humidity has long been recognized as having a strong influence on the disease from an etiological standpoint. That "science moves but slowly" is verified by the facts that all sanitarians have done has not been enough to wipe out the abomination of abominations, the cesspool. Words fail to express the great amount of harm these horrible pestilential nuisances accomplish, and I hesitate to enter on the subject, as my paper would cover too much time. A careful examination of the cesspools and privies in the county show a most distressing laxity in the way they are cared for, and an utter disregard of the importance of careful attention, so necessary from a hygienic point. Privies and cesspools should not be allowed that are not water-tight and they should not be used as catch-alls for poultry refuse and other household offal as so frequently they are. It is impossible to say how much sickness has been caused by these two agents, and the 20th century should see their complete abolishment. The pail system and dry system are the best for country use and when properly managed are not dangerous.

Ice taken from ponds, which are generally nothing but the accumulation of drainage of the land, contaminated by one or all of the above filth articles, is another prolific cause of the disease and the idea that all things are killed by freezing must be corrected.

To sum up, then, we recognize that this disease does not originate *de novo*, that the excreta from a single patient are enough to poison a whole community, a large percentage of the mortality is due to improper diet and too much medicine, that the bacillus is not to bear all the blame, but that a share is to be thrown on the pollution of the water and soil and air, brought about by, I need only call it, criminal negligence of the medical attendant, in allowing the dejecta of his typhoid fever patient to be disposed of without knowing, not from accepting what is told him, but from actual seeing, the final disposal of the germ-bearing material, and having constantly in mind that cleanliness is a poor man's wealth.

---

## APPENDICITIS AND INTESTINAL OBSTRUCTION.

De Quervain (*British Medical Journal*) calls attention to the fact that the appendicitis may exist without giving rise to any of the usual symptoms, and may be followed by intestinal obstruction, indistinguishable clinically from ordinary cases of ileus whose origin can be discovered only by operation. He reports such a case where all the symptoms of intestinal obstruction were present, and where perityphlitis was not revealed in any way, even on examination per vaginam and per rectum. After enemata, electricity applied by Boudet's method, etc., had failed to overcome the obstruction, laparotomy showed that the actual cause of the ileus was a kinking of a coil of the ileum, with adhesion of its proximal and distal portions. This adhesion was evidently due to the fact that this coil had recently been near the appendix, which, in spite of the absence of symptoms, was perforated near its insertion into the cecum, which was covered with fibrin at this spot. The patient recovered.

## Society Reports.

### THE MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

MEETING OF OCTOBER, 1897.

THE election of officers resulted as follows: President, Dr. Llewellyn Eliot; Vice-President, Dr. W. P. C. Hazen; Secretary and Treasurer, Dr. Elmer Sothorn.

*Dr. F. B. Bishop*, the retiring President, in his address referred with pride to the work of the Society and of its individual members. He spoke of the benefits to be derived from medical societies and the advantage the Medical and Surgical Society affords for its members, both in a medical and social way. In comparison with other societies he claimed that the Medical and Surgical was up to the standard.

*Dr. Busey* gave an account of the late meeting of the British Medical Association and Dr. Bovée made an interesting report of the last meeting of the Virginia Medical Society.

*Dr. E. L. Morgan* reported a case of "Obstruction of the Bowel from Carcinoma."

*Dr. Bovée* related a case in which obstruction with fecal vomiting for thirty-six hours was due to the impaction of a gall stone weighing 13.22 grammes. Passing of the stone was followed by rapid recovery. Of the causes he mentioned volvulus and adynamic ileus; tumors of the bowel, ovary and uterus and intestinal adhesions. That he had occasionally operated in tubercular peritonitis to relieve obstruction. That Meckel's diverticulum and the vermiform appendix were often the cause of obstruction. The treatment depends upon the cause. Fecal impaction is best relieved by large enemata given in the knee-chest position. Purgatives are liable to aggravate the suffering without giving relief. Too much delay should not be allowed before surgical interference, especially if fever and distention with weak, rapid pulse be present.

*Dr. Busey* spoke of fecal accumulation at the left flexure of the colon and in these cases of fecal impaction he had had good results from the use of mineral water, which will dissolve the mass. Glycerine by the mouth, two or three times a day, will also accomplish this end. He generally gave an enema of about eight ounces of infusion of senna, injected very slowly. Too much medicine given by the mouth is a mistake and great judgment should be used in the administration of morphia. The differential diagnosis is often difficult and operative measures should not be delayed too long.

*Dr. Mayfield* insisted that though morphia was contraindicated it was generally necessary to administer it owing to the great suffering of the patient.

*Dr. E. L. Morgan*, in closing, stated that the case showed no indication of carcinoma of the liver and intestines and only by post-mortem examination was the fact proven. He thinks morphia should be given to alleviate suffering. He does not think a diagnosis can be aided much by vaginal and rectal examination and cited several cases of intestinal obstruction reported by physicians that proved otherwise at post-mortem.

## Medical Progress.

### REPORT OF PROGRESS IN PSYCHIATRY AND NERVOUS DISEASES.

*By Irving C. Rosse, A.M., M.D., F.R.C.S.*, Washington, D. C.

RECENT HYPNOTIC LITERATURE.

What becomes of the dipsomaniacs said to have been cured by hypnotism? We find but unsatisfactory answers in perusing the more recent hypnotic works which, by the way, are numerous and varied. Of making many books there is apparently no end, despite the old Grecian maxim that a large book is a great evil and the works on hypnotism appear to be no exception, since there are in various languages over eleven hundred volumes on the subject, not to mention numberless pamphlets and journal articles. The work of Baron Nils Posse, of Moll, and the paper of Dr. Bramwell in *Brain*, Part IV,

1896, give about all that is known of the subject. It is a matter of surprise that hypnotism still attracts so much attention, especially in this country, where it has entered into legal medicine, my own opinion being sought in the case of Spurgeon Young, which was tried in New York. (See *Medico-Legal Journal*, March, 1897, pp. 529-545.) After various investigations by the schools both at Paris and Nancy, the matter was dropped some years ago by the best neurologists as unworthy of serious notice, and several articles on the "Passing of Hypnotism" have appeared in our own medical journals. Moreover, for curative purposes its use is very limited and rarely applicable, some authorities declaring it altogether useless and often injurious.

Perhaps there may be some occult connection between hypnotism and psychic research, or it may have some affiliation to the study of the vestigial or residual self akin to the phantasm of an unfortunate man in Washington, who but a few days ago told of his troubled dream to the effect that during a storm it rained blood and that he was struck by lightning. A few hours later he came to a violent death from accident.

BOOKS VS. ORIGINAL RESEARCH.

In the matter of books the time is coming when a reaction will take place and the pendulum will swing back the other way ; for it is sure that consulting antiquated medical works in chronological order is rather a clog and drawback to such important items of medical advancement as laboratory experiment, clinical investigation and dead-house research. Besides the undisputed fact that large collections of books are detrimental to original research, it is notorious that no librarian, bibliographer, or other person having control or custody of a large library, has ever originated anything of scientific value or even written a book of literary merit. Some years ago, at a meeting of the Philosophical Society of Washington, after listening to a paper extolling the library of the Surgeon-General's office, Professor Henry of the Smithsonian, in his remarks deprecating such accumulations, said that it would be better for original research and for medicine generally if some Calif Omar would apply the torch and wipe out the entire collection.

* * *

Nervous Diarrhea in Pregnancy. —Condio (*British Medical Journal*) has published a monograph in Italian on an interesting complication which he considers to be related to hyperemesis gravidarum. Whilst the latter is more frequent in the higher ranks of life, diarrhea seems commoner amongst poor pregnant women. Obstetricians note its occurrence in lying-in hospitals in cities where it is hardly ever seen in private practice. Out of 3,674 pregnant women in the Turin Maternity, nervous diarrhea was observed in 35. No fewer than 21 of these cases occurred in primiparae. Temperature has little influence on this affection, but errors of diet are more probably among its causes. Nervous diarrhea begins about the fifth month and may become formidable ; it has been found to continue even in childbed. Nerve tonics are indicated and as in hyperemesis, premature labor must be induced if the diarrhea persists and the patient becomes seriously debilitated.

* * *

Hyperemesis Gravidarum. — The general opinion of physicians concerning the nature of hyperemesis gravidarum remains unchanged, for in the discussion of this subject in the Section on Obstetrics of the British Medical Association at their 65th annual meeting, held at Montreal last September, little that is new was brought to light, either in the line of etiology or treatment.

The discussion was opened by Dr. J. A. Temple of Toronto, who, after going into the different opinions as to the frequency of the affection, and citing a few of the many theories as to its causation, comes to the conclusion that the slight nausea which so often accompanies pregnancy can be looked upon only as physiological and not dependent on any special pathological condition. On the other hand, in the pernicious forms of vomiting, Dr. Temple believes that there

is always some accompanying pathological lesion; and this cause, if looked for, can always be found; even though the case terminate fatally. In evidence of this point he mentions the difference that exists in the minds of many prominent obstetricians as to the frequency of pernicious vomiting and explains this marked discrepancy in figures by the fact that autopsies were not done in large numbers of the cases reported as fatal hyperemesis; many of which would, on post-mortem examination, have been found to be due to other causes.

Dr. Temple is inclined to believe in the statement made by Horrocks that a positive diagnosis of pernicious hyperemesis cannot be made without an autopsy.

Drs. A. E. Giles, William Gardner, R. B. Maury, A. J. C. Skene, Horace Tracy Hanks, Charles Jewett, J. Chalmers Cameron, W. Jupp Sinclair and J. F. McDonald took part in the discussion and the general opinion was contrary to the views of Horrocks, and that an autopsy was not necessary to establish the diagnosis of pernicious vomiting. Many of the above mentioned gentlemen cited cases that they had seen in which no cause outside of the pregnancy could be found for the severe vomiting and some of these cases had immediately improved after the induction of abortion.

Stress was laid on the importance of general and local medication, careful feeding, dilatation of the cervix uteri, etc.

All agreed as to the propriety of inducing abortion when the patient was showing progressive signs of weakness and that this obstruction was invariably followed by improvement if not put off until the patient's condition had become too serious.

* * *

Reel in the Uterus: Vesico-Uterine Fistula.—Walk (*British Medical Journal*) removed from the uterus of a woman, aged 30, a reel of cotton which had been left in the vagina for nine years as a pessary to support a prolapsed uterus. For nine months the patient had ceased to feel it in the vagina, whilst during the same period severe hypogastric pains set in. At length urine passed from the vagina. She applied for relief owing to constant pain and miserable discomfort. The reel was extracted. During the process a vesico-uterine fistula was detected.

* * *

Swollen Leg after Labor.—Vinay (*British Medical Journal*) read a paper before a medical society at Lyons on the case of a woman, aged 26, who three years ago was delivered at the end of her first pregnancy of a dead child. There was eclampsia during labor and septic symptoms during the puerperium. Phlebitis of the left femoral vein followed and persisted for seven months. Recovery was very slow and the patient at length returned to her occupation as a shop assistant. A month since, hard masses, adherent to the skin, developed along the course of the femoral vein and the internal saphena. They were not tender and were well circumscribed, being distinct from the surrounding edema. Soulier, in discussing Vinay's case, believed the primary disease was not phlebitis, but deep lymphangitis.

## Correspondence.

### A CORRECTION.

Hagerstown Md., Nov. 8, 1897.

Editor Maryland Medical Journal.

*Dear Sir:*—I note an error in the Summary of the Examination held by the Board of Medical Examiners of Maryland May 12, 13, 14, 1897, which I wish you would correct, and make the correction as prominent as you can. No. 9 in the column on page 459 should be credited to the "Baltimore University School of Medicine," instead of "University of Maryland." This would change the Summary so as to show that from the "Baltimore University School of Medicine" 1 passed and 3 failed, and would deduct one from the number who passed, coming from the "University of Maryland."

Very truly yours,

J. McP. Scott, M. D.,

Secretary.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, DECEMBER 4, 1897.

*Illegible Prescriptions.*

THE editor of London *Truth*, Mr. Labouchere, has been amusing himself at the expense of physicians and pharmacists by telling what he knows, or what he thinks he knows, about illegible prescriptions. He pretends to have sent out men who visited apothecaries and interviewed them on the subject of physicians' prescriptions and the report brought back was that in most cases, in fact in almost every case, any error in filling a prescription was due to the bad writing of the physician and not to the ignorance or lack of skill of the druggist.

Then *Truth* gravely proposed that all physicians use the typewriter in prescription writing in order to avoid any uncertainty and even draws a picture of the physician on wheel or on foot taking his machine with him and using it instead of the pen or pencil. He also says that in many instances the druggist, not being able to decipher the badly written prescription, puts up what he thinks it ought to be and trusts to luck.

*Truth* also tells a story of a patient who collected all his physician's prescriptions and when he felt badly took one at random and had it filled and he always improved under this form of self-treatment. These scenes are laid in England. Of course the whole thing is a silly jest put together to fill up the columns of an English weekly hard up for matter, but there is some room for criticizing the bad handwriting of physicians.

Too often the the pharmacist is at his wit's end to know what is intended and to his credit is it that, in Baltimore at least, he almost always manages to communicate with the physician by telephone or messenger in such a way that the patient never knows of the error and the physician is protected. The pharmacist is indeed the physician's friend and it is only when the two work hand in hand that both are helped.

At the last meeting of the State Society at Ocean City a delegate of the Pharmaceutical Society read by invitation a paper and took occasion at that time to express his appreciation of the attempt to bring in closer relations the two branches of the healing art.

In connection with this comes the ever vexing question of counter and office prescribing. It is hard for a druggist to avoid counter prescribing and it is also very natural for a physician to give a few tablet triturates or powders from his office. Both have serious disadvantages and both harm the patient. The druggist is in no condition to prescribe without making a diagnosis and the physician is too often tempted to make the patient's trouble suit the remedy he happens to have in hand and thus carry out that very substituting against which he cries out so loudly when the druggist is at fault.

For example, Seiler's tablets may very easily be dispensed in the office and in a large majority of cases their effect is good, but when the solution is put up by a pharmacist it is much more active because glycerine is added, which the physician in his office can not, as a rule, give.

It is much better for each profession to remain within its own lines than to have one trying to absorb both.

Illegible prescriptions are inexcusable and abbreviation to the point of confusion should not be allowed. Physicians can and should write slowly when giving a prescription and should avoid such abbreviation which might have more than one meaning.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 27, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 17 |
| Phthisis Pulmonalis | | 19 |
| Measles | 13 | 1 |
| Whooping Cough | 15 | |
| Pseudo-membranous Croup and Diphtheria. | 83 | 11 |
| Mumps | | |
| Scarlet fever | 17 | 1 |
| Varioloid | | |
| Varicella | 1 | |
| Typhoid fever | 6 | 4 |

Phenacetine is still smuggled into this country.

A statue is to be erected at Paris to the memory of Lavoisier.

The discoverers of quinine and strychnine are to have a monument erected to them in Paris.

Dr. R.E. Bromwell of Port Deposit has been elected president of the Cecil County Medical Association.

Dr. Julius A. Skilton, a prominent United States surgeon during the war, died at Brooklyn, aged 64.

The new isolating contagious building of the Home of the Friendless of Baltimore was opened last week.

The opinions as to the effects of the disposal of sewage into the Chesapeake Bay on the oyster are varied.

Dr. Charles H. Medders, whose specialty is eye, ear and throat, has removed his office to 317 N. Charles Street.

Drs. A. N. Denton and Matthew M. Smith have been added to the editorial staff of the *Texas Medical News*.

Dr. Harvey G. Beck, formerly resident physician at the City Hospital, has taken an office at 829 East Chase Street.

Dr. Henry S. Pole, resident physician at the Virginia Hot Springs, has associated with him his son, Dr. Edgar A. Pole.

The Newport, Rhode Island, Medical Society has expressed the opinion that all passenger steamers should carry physicians.

Dr. John S. Billings will have the books in the New York Public Library disinfected by formaline as they come back from the readers.

There will soon be placed, in the city of Baltimore, boxes for the collection of waste paper, like those in Washington and other cities.

Several women medical students of the Johns Hopkins Medical School have clubbed together in housekeeping, near the Hospital in Baltimore.

Dr. S. S. Maynard, Health Officer of Frederick, Maryland, has added a formaldehyde generator to the equipment of the Health Board of that city.

At the last meeting of the Baltimore City Council a resolution was offered making it a penalty to spit on the floors of public buildings and street cars.

Dr. De Wilton Snowden, a prominent physician of Laurel, Maryland, died at his home last week, aged 80. Dr. Snowden was graduated from the University of Maryland in 1840.

Dr. William P. Taylor died at Abingdon, Harford County, Md., last week, aged 46 years. Dr. Taylor was graduated from the old Washington University at Baltimore in 1872.

The *Cleveland Medical Gazette* is published by the Medical Gazette Publishing Company, which is a company owned by physicians and which has also brought out medical books.

Dr. Conrad Diehl, a physician with an honorable career, was at the last election chosen Mayor of Buffalo. Dr. Diehl is a regular physician and a graduate of the University of Buffalo in 1866.

Dr. Edward M. Schaeffer of Baltimore, formerly Physical Director at Washington and Lee University, and now holding a similar appointment in the Maryland Nautical Academy, Easton, Maryland, has opened an office at 1302 Madison Avenue, near Lanvale Street. Consultation hours, 9.30 to 11 A. M. Dr. Schaeffer's practice is limited to the prescription of corrective or remedial gymnastics, with special reference to hereditary taints or imperfect physique in women and children.

## WASHINGTON NOTES.

At a recent meeting of the Medical Association of the District of Columbia, the following resolution was passed respecting the abuse of medical charity and professional courtesy:

WHEREAS, Six months have elapsed since the recommendations of the Committee on Hospital and Dispensary Abuses have been adopted as amendments to the Regulations of the Medical Association of the District of Columbia and—

WHEREAS, The Secretary was instructed, May 11, 1897, to transmit a copy of these rules to all the Hospital and Dispensary authorities in this city, be it

*Resolved*, That the Standing Committee institute an immediate inquiry as to what institutions have signified a willingness to abide by these regulations and to notify the members of the Attending Staff of the various Hospitals and Dispensaries, who are at the same time members of this Association, that unless the rules adopted May 11, 1897, are complied with on or before January 1, 1898, such members should be deemed guilty of violating the Regulations of this Association and shall be liable to such discipline as the members of the Association may direct.

In the opinion of the Standing Commitee neither the Regulations nor system of ethics of the Medical Association of the District of Columbia contemplate that gratuitous services should be extended to individuals, whether they belong to the clergy or any other class, except from motives of charity and benevolence.

Poverty and professional brotherhood and certain of the public duties referred to in the first section of the article relating to the duties of the profession to the public are alone recognized as presenting valid claims for gratuitous services.

In the opinion of the Standing Committee the term "professional brotherhood," as herein used, can only apply to men who have devoted their lives to the practice of medicine, and the Regulations distinctly state:

"No graduate of medicine shall be eligible to membership in this Association who shall not devote his entire time to the practice of medicine, and if any member shall accept a clerkship or engage in any business not connected with the regular practice of medicine, his connection with this Association shall cease.

"The present associate members shall be entitled to the privileges of consultation, but to no other privilege of the Association."

In view of the facts the Committee presents the following Resolutions:

1. *Resolved*, That clergymen are not entitled to gratuitous services except when they are in indigent circumstances.

2. *Resolved*, That graduates of medicine are not entitled to gratuitous services unless they devote their entire time to the practice of medicine or by reason of age or infirmity have retired from the regular practice of medicine or unless such graduates of medicine, like other individuals, are in indigent circumstances.

Any member wilfully violating these Resolutions shall be deemed guilty of violating Articles 14 and 15 of the Regulations of this Association.

## Book Reviews.

APPENDICITIS AND ITS SURGICAL TREATMENT; with a Report of Seventy-five Operated Cases. By Herman Mynter, M. D. (Copenhagen), Professor of Operative and Clinical Surgery in Niagara University and Surgeon to the Sisters of Charity Hospital, in Buffalo, New York. J. B. Lippincott Company, Philadelphia. 1897.

A number of treatises on appendicitis have appeared within the past two or three years, all of them reflecting the peculiar bents of their authors, and varying from the ultra views of Deaver and Morris, to the more conservative position of Fowler.

The true position to be accorded to the operative and non-operative treatment of appendicitis is still unsettled, especially in the minds of practitioners of medicine. In order to try to clear up this confusion, Dr. Mynter has undertaken a careful and critical study, based partly on his own experience in the treatment of seventy-five cases, and largely from a study of the literature of the subject. The results of this study are embodied in the volume under consideration.

Beginning with an historical introduction, the anatomy and histology of the normal appendix are studied, then the etiology and pathology of the affection and the clinical history, diagnosis and treatment.

In regard to treatment, Dr. Mynter tries to be entirely impartial and gives both the medical and surgical aspects of the case. He says: "The logical conclusion, therefore, it seems to me, is that under medical treatment those cases (about eighty per cent.) will recover which simply suffer from mild attacks and, for that matter, need no other treatment than rest in bed, diet, and perhaps a little opium, while the serious cases, with gangrene and perforation with diffuse peritonitis, almost invariably will die, and that a certain percentage of those with localized abscesses will recover by perforation into the bowels, but independently of the medical treatment used." "No purely medical treatment of actual value in preventing or controlling the disease has yet been presented to the profession." "We ought immediately to operate in every case which commences with acute severe pain, vomiting, rigidity, fever, and does not recede inside of twenty-four hours." We commend the book as a useful and reliable exponent of the most recent views on this subject.

THE ROLLER BANDAGE; with a Chapter on Surgical Dressing. By Wm. Barton Hopkins, M. D., Surgeon to Pennsylvania Hospital. With Illustrations. Fourth Edition. J. B. Lippincott Company. Philadelphia. 1897.

This little book treats of surgical dressings and bandaging and will be found very useful by the student and young surgeon. The illustrations are excellent and the text brief and clear.

---

THE *Baltimore Pharmacologist* is a new monthly which has just appeared under the editorial charge of H. P. Hynson, Ph. G., and J. W. Westcott, Ph. G. The first number contains a greeting, some notes of new preparations, new appliances and several formulae and many news items of interest. It is published in Baltimore at one dollar a year.

---

## REPRINTS, ETC., RECEIVED.

Epiphora, or Watery Eye; Lachrymal Abscess; Necrosis of the Bony Walls of the Lachrymal Canal; Implantation of a Glass Ball for the Support of an Artificial Eye; Grattage for the Radical Cure of Granular Lids. By L. Webster Fox, M. D. Reprint from the *International Clinics*.

# Current Comment.

## DIAGNOSTIC THERAPEUTICS.

*American Therapist.*

IN general, it is unsatisfactory and degrading to one's sense of diagnostic pride to depend upon the result of tentative medication to settle a question of identity of disease. In many of the instances cited there are particular reasons against the "cut and dry" method of establishing a diagnosis.

## TREATING SYMPTOMS.

*Western Medical Review.*

ONE of the things to which the profession resorts, when it does not know what else to do, is to treat symptoms, or, as it is more generally called, meet indications. It does this when unable to do better. Seldom, however, with any degree of intellectual satisfaction. Most practitioners realize that it is empirical and rests on no sufficient pathological knowledge. Our pharmacology, to be sure, is most praiseworthy, but the fact that we have a scientific knowledge of the physiological action of drugs or of certain medicines does not save us from the charge of empiricism if we use the agents against symptoms, the pathology of which we have no adequate knowledge. For, though digitalis will slow the heart's action, its exhibition in tachycardia may or may not be a good thing. This will depend on the etiology or pathology of the rapid pulse.

## SHOULD MINISTERS PAY DOCTORS?

*Medical Record.*

THE statement has been made, and is probably near the mark, that fifty per cent. of the people will shirk paying their doctor and will lower themselves to almost any mean subterfuge in order to save a few dollars. The belief would appear to be widespread that physicians earn their fees easily, and they are in consequence looked upon as a fair game by that class of the community which likes to get something for nothing. A custom prevails in this country that ministers should be considered as free from any pecuniary obligation to the doctor for services rendered. This custom has been in existence for so long a time that the fact seems to have been forgotten that this free service is only an act of courtesy on the part of the physician, and not, as the minister imagines, by any means binding. The explanation for this state of affairs is not easy to give.

## PROGRESS IN MEDICAL SCIENCE.

JOHN B. DANIEL, Atlanta, Ga.

*Dear Sir:*— My case of spinal irritation is doing well. Has gained six pounds. Must have one more bottle of your Passiflora Koko-Kola. I have tried almost every remedy and combination of remedies and nothing gives anything like the satisfactory results which I find in the action of Passiflora.

Faithfully yours,
DR. S. W. DARROW,
East Hamlin, New York.

---

A VITAL QUESTION.— In a recent exhaustive article on the alarming question of food adulteration, *The Medical Progress* says: "If food that should be pure, especially when it is required for the sick, is thus adulterated, how are we to expect the recovery of our patients? The best way out of the dilemma is for the physician to insist that his patients shall have only such products as are prescribed and recommended by him! There is one article of diet that can be relied on whenever a nutriment is needed for the invalid, and it is the IMPERIAL GRANUM FOOD, a wheat preparation of absolute purity, that is especially beneficial in all gastric and enteric troubles."

---

THE records of Medico-Surgical Practice at Sound View Hospital (T. J. Biggs, M. D., Surgeon Director), Stamford Conn., show a very instructive series of cases of treatment by haematherapy. We abstract a few paragraphs from the records of Nov. 7, in which Bovinine is used: Chronic Ulceration, Case cxiv: No. 2, Annie Carr, Irish, age 36, married; New York. Dr. F——sent this case to me, September 13, 1897. Patient had a large ulcer on the right breast, two by one and three-quarter inches, which had resisted all treatments for four years. The appearance of the sore was suggestive of malignancy, but microscopic examination of a section relieved the case of that character. I thoroughly curetted the edges and surface, and dressed it with a wet Thiersch pack. In twelve hours this was removed, the entire surface was touched up with 25 per cent. solution of pyrozone, and redressed with Thiersch pack. After another twelve hours the dressings were again removed, the ulcer was thoroughly cleaned out with Thiersch irrigation; and finding it of a quite healthy appearance, I decided to commence the application of blood treatment. For this purpose dressings of Bovinine were applied according to the oft-repeated technique in this treatment of leg ulcers, and were renewed twice every twenty-four hours until the 29th; at which date the ulcer was reduced two-thirds in extent, from the periphery towards the center. Thence to October 9th the dressing was repeated once in every twenty-hours; and on October 10th the case was discharged completely cured, with a flaring red soft scar, non-sensitive.

During the treatment, on account of general debility, the patient was kept on a teaspoonful of Bovinine internally, in old port wine, every two hours. Any chance of recurrence will be watched for ultimate report. Catarrhal Case xiv. No. 4, Eddie Judson, American, single, age 23; case of Dr. B——. Began treatment September 12, 1897. Chronic rhinitis, which many treatments had failed to relieve. All symptoms of a well-defined case, such as: Mucous membrane of the nares very much thickened and of a dark, red color; superficial veins dilated and varicosed; several points of ulceration, with considerable loss of structure; profuse, thick, tough, greenish-colored and fetid smelling secretion. After thoroughly cleansing the passages with Bovinine and peroxide of hydrogen, a Thiersch irrigation was employed; after which the points of ulceration were touched up with 25 per cent. pyrozone, and the patient was ordered to spray the passages with Bovinine and salt water every three hours. October 10th, all symptoms had been removed and the patient was discharged cured.

---

***WANTED.***—*Physicians with moderate capital to investigate the merits of a positive cure for MORPHINE and other drug addiction. Wonderful results in New York City. Trial Treatment gratis. Confidential. Only those who mean business and can command $1000 or upward need answer. Address A. W. WOODRUFF, 220 Broadway, New York.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No. 9. BALTIMORE, DECEMBER 11, 1897. WHOLE No. 872

## Original Articles.

# SOME OF THE DANGERS ARISING FROM SLAUGHTER-HOUSES, WITH SUGGESTIONS FOR MEETING THEM.

*By Ch. Wardell Stiles, A. M., Ph. D.,*
Zöologist, United States Bureau of Animal Industry.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

*Ladies and Gentlemen :*—If you were to review with me the publications upon sanitary science which have appeared during the last quarter of a century, you would notice that the authors in this branch of medicine may be divided into three general classes : Two classes representing extremes, the other the mean.

The writers of one extreme school seem blind to the advances which their colleagues have made by patient study, observation and experiment ; they trust more to prejudice than to demonstration, and clinging to views conceived in ignorance they even deny the germ theory of disease. These men, though now in the minority, form a dangerous element in medical circles ; for notwithstanding the overwhelming evidence against their views, they necessarily exercise a certain amount of personal influence among the laity, and thus hinder the spread of truth and the adoption of proper sanitary measures.

The writers of the other extreme are to my mind none the less dangerous to the cause of public health. They preach the doctrine that every breath of air we inhale, every drop of water we drink, every mouthful of food we eat, bears the germs of certain death. The logical conclusion to their views is that the human race, together with most of the animal kingdom, will surely be extinct before another year has passed ; and it is a fact hardly possible of conception that there are any of us alive today. The sanitary measures these extremists propose are, like the views they advance, purely theoretical, and both their views and their proposed prophylactic plans tend to prejudice the public mind against sanitary measures in general, and to bring science into disrepute.

To the third school of writers belong nearly all the original investigators and the majority of the better educated practicing physicians. These men, while demanding the acceptance of the germ theory of disease, demand with with still greater emphasis the recognition of the fact, that whatever be the danger arising from disease germs, there are rational methods of meeting those dangers, and of preventing disease. Some diseases have been absolutely stamped out of existence in certain localities, by following such rational measures. Other diseases have been greatly lessened in frequency by corresponding prophylactic means.

In speaking to you this evening I wish to speak from the standpoint of a member of this last mentioned school of scientific workers. I wish to draw your attention to certain dangers which threaten us, and to remind you of certain diseases which are on the increase.

This I do, not in order to cause a panic; not in order to frighten people; not in order to theorize; but in order to emphasize with greater stress the point that it lies within our power to combat these diseases, and to stamp some of them out of existence; and that too with means which are both rational and easy of application.

With this general introduction I invite your attention to a consideration of certain problems connected with the subject of slaughterhouses. Permit me to remark, however, that I have never visited a single slaughterhouse in the State of Maryland, and that all of my remarks are based upon slaughterhouses in general, and upon what I have seen elsewhere. I will tell you what I have found in other States, how the conditions should be met there, and how those conditions at a distance affect you; you who are acquainted with this State can then make the application of my remarks according to their pertinency to the conditions here.

However, a slaughterhouse is a slaughterhouse the world over, and as you have very little sanitary control of the slaughterhouses in Maryland, I have no doubt that conditions I will describe for other States could easily be duplicated here.

Generally speaking, the places for slaughtering animals for food may be divided into large abattoirs and local slaughterhouses. The former are usually located in cities, and operated in connection with packing houses. The latter are used chiefly by the meat dealers of country towns, and the animals slaughtered at such places are generally, if not always, for local consumption. In our present discussion we will leave the abattoirs out of consideration, so that the criticisms here made upon the local slaughterhouse in its relation to disease do not apply to the large abattoirs which prepare meat for export and interstate trade in accordance with the system of Government inspection now in force.

Local dealers supply themselves with meat from various sources: Some obtain all their meats from the packing houses where federal inspection exists; others drive from farm to farm buying animals and slaughtering them on the premises; still others buy slaughtered animals which farmers bring to town; while the majority of dealers in small towns own or rent slaughterhouses where they do their own killing. In many cases these houses are located on the banks of rivers or creeks into which they drain. Frequently the offal is thrown down the embankment and left there to be eaten by hogs, dogs and rats, or in some parts of the West by Indians, or to decay and drain into the stream. Quite often the slaughterhouses are located on farms, the butcher giving the offal to the farmer as feed for his hogs, in lieu of paying rent.

Now a very important matter to be noticed from a standpoint of public hygiene is that in case a town is provided with more than one slaughterhouse, these houses are generally scattered north, south, east and west, each butcher apparently trying to so locate his house as to prevent any undue amount of curiosity on the part of his competitors regarding the character of his stock. Another point of importance is that slaughterhouses are usually situated just beyond the borders of the town which they supply. Thus they do not come under the supervision of the local board of health; and as few, if any, of the State Boards pay any attention to them, these places of slaughter are without any sanitary supervision.

The first matter to notice in connection with this subject is that every slaughterhouse is from the very nature of things a center of disease; and naturally the poorer the condition of the premises the more dangerous they are. These facts will appear clear if we consider what takes place at one of these houses. Even if only a few animals are slaughtered each week, the total number may amount to several hundred during the year. Some of the animals are surely diseased. At least one of the hogs has trichinosis, and when the offal of this hog is fed to other hogs which are raised on the grounds, these hogs cannot escape infection with trichinae.

But that is not all. Slaughterhouses are often overrun with rats; the rats feed on offal, and when feeding on the offal of a trichinous hog, they likewise cannot escape infection with trichinae. As a matter of fact, about 55 per cent. of the rats I have examined from slaughterhouses have been found to be infected with this disease, so that if a hog at a slaughterhouse eats a rat, the chances are fifty-five in a hundred that he will catch trichinosis. Now, suppose that a slaughterhouse is burned or abandoned; the rats inhabiting the premises naturally wander to the neighboring farms in order to obtain food, and of every hundred rats which leave the slaughterhouse, fifty-five carry with them the disease known as trichinosis. This disease they transmit to hogs, if eaten by them.

From this it is seen that every slaughterhouse where hogs are killed is a center for the spread of trichinosis to neighboring farms, and thus forms one of the great factors in keeping this disease alive, so that today about one per cent. of our American hogs are infected with trichinae. Yet fortunately because of our custom of cooking pork thoroughly, the disease is usually killed before we consume the meat, and our cases of trichinosis in man are thus reduced to the few, chiefly Germans, who eat raw or rare pork.

But trichinosis is by no means the only disease transmissible to man which centers at the slaughterhouse. Of the cattle killed during the year, some of them surely have tuberculosis; in many cases, as I said, the entrails of the slaughtered animals are thrown to the hogs on the premises. What is the result? There can be but one result, and that is to spread tuberculosis to the hogs.

Fortunately, we find that only about three thousandths of one per cent. of the American hogs have to be condemned because of tuberculosis, and here again our custom of thoroughly cooking our pork protects most of us to a great extent against infection from this source.

Let me pass, however, to another disease, which is apparently on the increase in this country, and against which we have at the present moment absolutely no protection; and yet a disease which we could easily stamp out of the country in a few years if slaughterhouses were properly regulated. I refer to hydatid disease.

Hydatid disease is caused by an animal parasite, which passes its adult stage in the intestine of Old Dog Tray, in the form of a very small tapeworm, almost the smallest tapeworm known; its larval stage is the largest larval tapeworm known, varying from the size of a bean to that of a child's head, and living in the liver and lungs of cattle, sheep, swine and a large number of other animals, including man. Its complete life cycle is as follows: Starting with the adult tapeworm in the small intestine of dogs, the eggs are scattered on the ground and swallowed by cattle or other animals with the fodder or water. Upon arriving in the stomach, the eggshells are destroyed and a six-hooked embryo, which is thus freed, bores its way through the intestinal wall and wanders to the various organs of the body; coming to rest in a suitable place, it increases in size, forming a bladder which generates numerous heads, each one capable of developing into an adult tapeworm when swallowed by a dog.

Now anyone who has had the misfortune to visit a slaughterhouse knows that dogs soon find that these premises are excellent places to obtain food. The butcher, of course, cannot utilize the parasite in his trade, notwithstanding the popular saying that the Chicago packers make use of every part of the hog except the squeal, so he throws the infected organ aside, or he at least discards the infected portion of the organ. This discarded portion, however, forms a delicacy for the stray or pet dog which happens to be near; and thus becoming infected with tapeworms the dog proceeds to unconsciously transmit this disease to the persons who pet him or to the flocks and herds he is supposed to keep from danger. Let us first see to what extent the disease is found in live stock and then in man.

It is claimed that in some districts of Iceland every sheep of three years old is infected, while it is an exception to find a cow ten years old which is free from the disease. In India, about seventy per cent. of the cattle are infected. In Germany the statistics vary for different animals and for different parts of the country, from 1 to 37 per cent. Turning to our own country, we have as yet no exact statistics upon this disease, but at a rough guess, judging from what I have seen at various slaughterhouses and abattoirs, I should estimate that about ¼ to ½ of one per cent. of our American hogs harbor this parasite.

Turning now to the disease in man, let us start out with the statement that this worm is the most fatal animal parasite found in man, 50 per cent. of the cases of infection dying within five years. The disease is especially common in man in Iceland, it being estimated that about 2 per cent. of the inhabitants are infected; it is also quite common in Australia, where 3,000 cases are reported from 1861 to 1882, or about 150 cases per year.

In Central Europe the hydatid is found on an average once in every 130 post-mortems, while in Rostock it is found in nearly 2½ per cent. of the post-mortems. In our own country the disease is not so common, but one of my assistants, Dr. Sommer, recently compiled for the United States 100 cases, which were reported in various medical journals.

Taking the world at large certainly 500 lives per year would be a very moderate estimate of the victims of this disease transmitted to us by Old Dog Tray.

Why not do something to check and eradicate this disease before the United States takes its place with Australia, Germany and Iceland, in this annual human sacrifice? What can we do? I hardly need to answer that question. You all see that the slaughterhouse forms the center of infection for this malady and that we can control the disease by the simple method of keeping dogs away from slaughterhouses. Several other countries have set us the example in this respect and let us look for a moment at the results which have already begun to show themselves in cattle and sheep, though to a less degree in hogs and man.

There has been a regular decrease in Berlin, Prussia, in the number of lungs and livers of cattle and sheep condemned for this disease, the statistics falling for cattle from 4.6 per cent. of the lungs and 1.8 per cent. of the livers in 1888-1889, to 1.7 per cent. of the lungs and 0.5 per cent. of the livers in 1892-1893; in sheep they fell from 1.4 per cent. of the lungs and 0.9 per cent. of the livers in 1888-1889 to 0.9 per cent. of the lungs and 0.3 per cent. of the livers in 1892-1893.

I might discuss still other diseases which we can attack at the slaughterhouse, before they have a chance to attack us at our homes, but I will content myself by simply referring to tapeworms and will now pass to the measures we ought to adopt to prevent these and other diseases.

First of all, it is perfectly clear that since every slaughterhouse forms a separate center of disease, the fewer slaughterhouses we have the easier it will be to control the diseases. In a tour of inspection I made not long ago, selecting two different States, I found that 29 towns, varying from about 100 to 1600 inhabitants, were provided with 69 local slaughterhouses. Sixteen of the towns had 2 slaughterhouses each, 8 had 3 each, 2 had 4 each, and 1 had 5. Thus these 29 towns provided 69 centers of disease for the surrounding area.

You can foresee my first suggestion for improvement. It is to segregate the slaughterhouses, compelling all of the butchers of each town to do all of their killing in a given inclosed area. The slaughterhouse could best be built by the city, stalls being let to the butchers for slaughtering purposes.

Does this sound too much like paternalism? I hardly think so. The city looks after our water supply and sees to it that it is pure. Is our meat less important than our water?

(CONCLUDED NEXT WEEK.)

# DISINFECTANTS.

*By William Royal Stokes, M. D.,*
Bacteriologist to the Health Department of Baltimore, and Lecturer on Bacteriology, Baltimore Medical College.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

BEFORE attempting to explain the use and application of disinfectants, it is necessary to mention a few fundamental facts concerning the objects against which we direct the destructive action of these agents.

It has certainly been proved that many of the communicable diseases, such as tuberculosis and typhoid fever, are due to the specific action of a class of organisms belonging for the most part to the vegetable kingdom, and called bacteria. These minute objects require a magnification of about 1000 diameters in order to properly observe them. So enormous is the multiplying power of these invisible creatures that a single bacterial cell can, it is computed, produce 281 billions of bacteria in 48 hours by simple transverse division. To do this the cell must be furnished with proper food. In the laboratory this necessary nourishment is usually supplied in the form of solid gelatine, or in such nutrient liquids as beef tea or milk. By this process of cultivation one can observe both with the unaided eye and with the microscope the behavior of bacteria when planted in such nutrient media.

In 24 hours, the transparent fluids become clouded, while the growth on such solid materials as potato or gelatine becomes visible in the form of elevated patches, called colonies, and consisting of millions of bacteria.

These cultures of bacteria show very plainly how we can distinguish between the bacteria which are capable of developing, and those no longer able to grow. Being in possession of such methods of study, we are able to observe the effects of various chemical substances and of physical agents upon the life and growth of bacteria. The outcome of these experiments has been the discovery of two important methods of destroying bacteria, or, as it is technically called, disinfection; 1. Disinfection by physical agents; and 2, chemical disinfection.

*Physical Disinfectants.*—It would be impossible, in the time allotted, to exhaust this broad field. It has, therefore, been thought best to briefly consider a few of the more practical methods.

Heat is perhaps our most efficient physical disinfectant, and when infected materials are of little value, their actual destruction by burning is the surest way to dispose of them. So radical a method has of course a limited scope, but we can in many instances apply heat, destroying the infection without injuring the infected material.

Many experiments have demonstrated that the germs which cause disease are all destroyed by exposure to a temperature of 212° Fahrenheit, or steam heat, for one hour. This fact has practical importance in the disinfection of bedding, towels, or garments, which have been infected by scarlet fever patients, or which have been soiled by tuberculous sputum, typhoid, cholera, or other intestinal discharges, diphtheritic membranes, secretions from abscesses and infected wounds, and the various other infective products of disease. In case apparatus specially designed for this purpose is not available, such materials can be rendered harmless by boiling for about one hour in an ordinary boiler.

Although such measures are sufficient for ordinary household disinfection, it is often necessary, in large hospitals, or at quarantine stations, to sterilize a great quantity of bulky goods at one time. Mattresses, blankets, clothing and pillows are placed in a steam chamber, and exposed to the steam heat until disinfected.

Dr. Doty of New York has lately described this process in detail. His method is briefly as follows:

The disinfecting apparatus used at the New York quarantine station consists

of a rectangular steel chamber into which a car is run on steel rails. This car, loaded with the infected articles, is pushed into the chamber, and the door tightly closed. A vacuum of about 20 inches is then produced by a steam exhauster, and steam is turned into the chamber until the temperature has reached 230° Fahrenheit. After 15 minutes the steam exhauster again produces a vacuum, thus removing the steam from the sterilizing chamber. Air is then admitted, and in 10 minutes the disinfected clothing is dry enough to be worn. After drying, the articles are taken out at the other end of the machine, which opens into a separate room, and clothing can thus be delivered ready for use to the owners, who have in the meantime had a bath.

The vacuum not only greatly hastens the drying of clothing, but also causes an even distribution of the temperature throughout the materials, as proven by tests with thermometers placed in the interior of blankets and clothing, etc. Doty found that he could by this process disinfect the mail without injury, and he was also able to destroy test cultures of such bacteria as the bacilli of plague, diphtheria and anthrax, even when inclosed in the interior of books, blankets and mattresses.

He concluded from his experiments that exposure for 15 minutes to 230° Fahrenheit would kill all known germs present in clothing or other material.

This method can, therefore, be used for disinfecting the bedding of a ship, and the clothing of immigrants, and it has been adopted for similar purposes in many large hospitals.

*Sunlight.*— Sunlight is nature's disinfectant, and experiments have shown that direct exposure to its rays for a few hours will destroy the germs of tuberculosis, typhoid fever and diphtheria. The old method of exposing infected linen, carpets, etc., to the sun has thus been proven of value, and the rays of the sun must often destroy many of the bacteria present in infected hospital wards. This influence is also beneficial in destroying many of the bacteria deposited upon the surface of the earth, and even the upper layers of rivers must be somewhat purified by this agent. Sunlight should be always regarded as a universal enemy to disease, and it should be always admitted freely wherever men live or work. General cleanliness and the removal of decomposing material will also lessen the risk of infection by depriving the germs of the food which they desire.

*Chemical Disinfectants.* — A large group of chemicals possess the property of destroying bacteria, many of them being effective, even in dilute solutions. Among these substances are the acids, many metallic salts, a number of coal tar products and essential oils. Their uses are so varied, that it would be useless to attempt a detailed description of each of them, but a few of the typical ones may be considered.

It has been shown that hydrochloric acid will destroy most of the germs of disease, even when diluted about 300 times in water. Carbolic acid is effective when diluted 200 times, while bichloride of mercury destroys bacteria, in even so dilute a solution as 1 to 1000.

These facts are now taken advantage of by the surgeons and obstetricians, who use such solutions for cleansing their patients, as well as for rendering the hands and arms as free from germs as possible. The risk of introducing infective bacteria into wounds or of setting up puerperal disease is thus greatly lessened, and the so-called antiseptic methods have rendered operations safe, which before the days of Lister were considered almost necessarily fatal. The vigorous use of soap and water upon the hands and arms, followed by their immersion in a 1-1000 solution of bichloride of mercury for about ten minutes, is a necessary procedure before beginning a surgical operation, while all such things as instruments, sutures and needles are best placed in five per cent. solution of carbolic acid. If the arms and hands are placed in a warm saturated solution of permanganate of potash until stained a deep brown, and then in warm saturated oxalic acid solution until completely decolorized, they need only be placed in a 1-500 solution of bi-

chloride of mercury for two minutes. This renders the hands practically free from bacteria. Creolin, a coal tar product, will also destroy germs in about 2 per cent. solution and this is often used in obstetrical operations.

These chemical disinfectants are also used for the destruction of infectious material on bedding and linen. Infected surfaces in sick-rooms or hospital wards are often washed with solutions of 1-1000 bichloride, or 2 per cent. carbolic acid. The excreta of typhoid or cholera patients can be rendered harmless by 1-500 bichloride or a 5 per cent. solution of carbolic acid, if well mixed into the material, and the hands of nurses and attendants can be disinfected by weaker solutions. A 40 per cent. solution of formaldehyde called formalin can also be used as a chemical disinfectant.

*Prevention of the Spread of Communicable Disease by Means of Disinfectants.* —The spread of many of the communicable diseases can be greatly limited by means of disinfectants. Let us briefly consider some of the important precautions which should be observed in regard to such conditions as pulmonary tuberculosis, typhoid fever, diphtheria and the various eruptive fevers.

It should be borne in mind that the expectoration of patients suffering from tuberculosis contains the germ which causes the disease, namely, the bacillus of tuberculosis. When this expectoration dries, the germs can be inhaled as a fine dust and healthy persons must frequently thus contract consumption. In order to avoid this accident, the expectoration of consumptives should be deposited in a covered cup containing a 5 per cent. solution of carbolic acid, which, after stirring, soon kills the bacilli. The sputum can also be discharged into pasteboard boxes made for the purpose and cheap enough to be burned. By simply adopting this simple safeguard, many cases of consumption may be prevented. Towels, handkerchiefs and soiled linen from consumptives should be boiled, or soaked in carbolic acid for twelve hours before being used again. The room should be dusted with a cloth dampened with a weak carbolic acid solution, in order to prevent the dust from rising, as well as to destroy the germs. Carpets should also be swept with a damp cloth broom.

In such diseases as typhoid fever and Asiatic cholera the intestinal discharges contain the infective germs. The stools of such patients should be immediatety disinfected by pouring upon them an equal quantity of a 5 per cent. solution of carbolic acid, which should remain in mixture with the infectious material for an hour, before the vessel is emptied. The contamination of wells or larger water supply is thus avoided. The hands of nurses should also be carefully disinfected after attendance upon the sick. Soiled linen should also be sterilized or burned.

In diphtheria the discharges from the nose and throat are the chief vehicles of infection and these can be received upon old linen cloths, which are at once burned. If there is much expectoration it should be received in vessels containing carbolic acid solution. Bed clothing or linen which has been soiled by these secretions should be boiled, or disinfected by means of the solution which has just been mentioned. All vehicles which come in contact with the patient's mouth, such as knives, forks, dishes, spoons and drinking cups, should be used by the patient alone and these should be carefully sterilized by boiling in a solution of common soda before being used by any other person.

In such diseases as measles, scarlet fever, and smallpox, the specific germ has not been demonstrated, but assuming, as it is reasonable to do, that they are similar to the bacteria which are known, the same general precautions against their spread should be observed.

Certainly the system is better prepared to resist disease when surrounded by a clear, healthful environment. In order to lessen the frequency of epidemics, therefore, certain general rules of personal and domestic cleanliness should be scrupulously followed.

All receptacles for intestinal discharges or urine should be cleaned by frequent flushings of water and also occasionally disinfected with dry chloride

of lime. This is also an excellent material for the purification of privy vaults or wells. It should also be used in large quantities upon garbage deposits or other collections of decomposing material. Streets and gutters should be frequently flushed with water and, when necessary, disinfected with chloride or milk of lime.

*Disinfection by Formaldehyde Gas.*—And now, having considered some of the means which are used in order to avoid infection from the patient, the question arises as to whether a room which has contained a case of communicable disease can remain a source of infection to others. From what has been said it will be seen that dried tuberculous expectoration and diphtheritic secretions can and do infect healthy persons and the dry epidermic scales from a scarlet fever patient probably spread the disease.

We now possess a method of disinfecting rooms by which the germs of all of these diseases can be destroyed and its efficiency has been tested by intentionally exposing infected materials in rooms of orinary size. This most important sort of disinfection is done by the use of formaldehyde gas and many elaborate processes have already been devised for generating this powerful germicide.

In most of the processes a substance called formalin is used. This is merely a 40 per cent. solution of formaldehyde gas. One quart or more of this formalin is placed in a large receiver, with chloride of calcium in order to prevent any steam from mixing with the pure gas. The receiver is then tightly closed and a lamp beneath the receiver is used to heat the mixture. This causes the liberation of formaldehyde under pressure and it is introduced into the room through the keyhole by means of a fine, flexible metal pipe. All openings and cracks should be stopped up in order that the gas may be confined as closely as possible within the infected space. Formaldehyde can also be generated from a pastile, causing superficial disinfection.

Germs of all the various diseases, such as cholera, typhoid fever, bubonic plague, anthrax, tuberculosis, diphtheria and the germs of ordinary inflammation have been exposed in closed rooms to the action of this gas. Pieces of cloth soaked in cultures of disease bacteria have been exposed freely in the room, or covered by blankets and carpets. Germs have been placed between the leaves of books, put into envelopes in the pockets of clothing, or even placed in the interior of mattresses. It has been found that after exposure to this gas, not only were the germs on the surface destroyed, but if enough gas was present, the germs covered by blankets, or even in the depths of a mattress, were killed. This was proven by placing these same germs on culture media, after exposure to the gas, when it was found that they were no longer able to increase, and form visible growths. About one quart of formalin should be evaporated for a room of 1000 cubic feet, and the room should be closed for 24 hours.

Such treatment will destroy any germs which may have been left in the room by a recent patient, and render it a safe habitation for future use. It will also destroy any germs which may have remained in the folds of draperies or hanging, and even cloths hung up in the room can probably be rendered free from infectious bacteria. The method also possesses an advantage over many other similar processes in that it does not alter or injure the colors of fabrics, furniture, or other articles of household use.

The gas is not poisonous, but it is extremely irritating to the mucous membranes of the eyes and respiratory tract. This irritation can be avoided by rapidly opening the windows without drawing a full breath in the room, and by wearing close-fitting goggles. All things considered, it would seem that formaldehyde gas is a very satisfactory disinfectant, when used in sufficient quantities, and it is already being extensively adopted for routine disinfection.

There is reason to hope that by the use of a few simple measures, diseases, which now are of daily occurrence, may become rare visitors.

# TWO INTERESTING CASES OF DILATATION OF THE STOMACH.

*By Julius Friedenwald, A. B., M. D.,*
Clinical Professor of Diseases of the Stomach, College of Physicians and Surgeons, Baltimore.

DEMONSTRATION AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, AT OCEAN CITY, MD., SEPTEMBER, 1897.

I WISH to present to this Faculty two specimens of dilatation of the stomach. The first is that of a patient, G. L., who entered the City Hospital, January 6, 1896. He was fifty years of age, was a Swiss and a beer brewer. His father had had some form of stomach trouble, which began about the same age as that of our patient; otherwise the family history was good; both father and mother died in old age.

In 1887, after drinking cold beer, the first signs of gastric disorder made their appearance. He began to vomit frequently after eating; suffered with heartburn, sour eructations and pain in his stomach. These attacks would come on periodically; in the intervals he felt perfectly well; though he always had to be careful with his diet; for any indiscretion was followed by an attack. He had recently been drinking much beer, fifty to sixty glasses a day, and the attacks were very frequent.

The patient now complains of frequent vomiting, belching; often vomits food eaten the day before; has eructations of sulphuretted hydrogen and suffers with constant pain in his stomach. The patient has lost much weight (45 pounds), has flabby muscles; the pulse is eighty-four; the arteries are soft; the mucous membranes pale. The heart and the lungs are normal. Urine normal, though scanty. The abdomen is flabby; the stomach reaches (by succussion) three fingers' breadth below the umbilicus; no resistance can be made out. The stomach on inflation was found to reach three fingers' breadth below the umbilicus. On emptying the stomach of its contents sixteen hours after partaking of food a large quantity of much fermented contents was obtained (200 cc.). It contained raisins which had been eaten the day before. The gastric contents removed either in the morning before the ingestion of any food or after an ordinary Ewald test-breakfast always showed the same results, namely, large quantities with a high total acidity (100), free hydrochloric acid (.15 to .25 per cent.) and sarcinae in abundance.

The stomach was daily washed and the patient carefully dieted. He began to improve, gained twenty pounds in weight and left the hospital July 1, 1896.

On August 12, 1896, he again returned much emaciated; he now complained of frequent attacks of vomiting, dizziness and abdominal pains. His gastric contents were examined daily and always showed results similar to those already described. Lavage was again practiced daily, but without favorable results. We then determined to have an operation performed on our patient.

October 28, 1896, Dr. John W. Chambers did a gastroenterostomy, using Murphy's button. The patient was fed per rectum with nutrient enemata for five days; he did well and had no fever and but little pain. On the fourth of November the patient was suddenly attacked with great abdominal pain; his extremities became cold and his body was covered with cold sweat; his pulse became rapid; there was no fever; the abdomen became distended and slightly tympanitic and he died on the next morning.

The abdomen was opened after death and the stomach and a portion of the duodenum removed. It was discovered that the button had ulcerated through

the anterior portion of the stomach while the adhesions were firm behind and at the sides. Acute perforating peritonitis was the cause of the death.

The stomach is remarkable in many ways :

1. It is enormously dilated, holding 2500 cc. of fluid.

2. There is an entire absence of all indications of former ulceration at the pylorus. The pylorus is contracted by a ring of fibrous tissue in the peritoneal layer.

3. The case is also interesting from the fact that the Murphy button slipped from its position before adhesions between the stomach and intestines had become sufficiently firm.

From a microscopic point of view, this specimen shows no changes differing from those usual in dilatation. There is an enormous infiltration of connective tissue cells both in the mucous and muscular coats. The glandular elements in the mucous membrane are pushed aside and partly destroyed by the newly formed connective tissue as well as by the small cell infiltration.

The second case occurred in my service at Bay View Asylum and has already been reported in detail in the New York *Medical Record* of March 20, 1897, by Dr. A. S. Hotaling, Resident Physician of Bay View Asylum.

This case is of great interest. It presented a condition of dilatation of the stomach with contraction of the pyloric end due to cicatrization of an old ulcer, which had run its course almost to termination without any symptoms.

It is also of importance from the fact that at one time carcinoma of the stomach was diagnosed, owing to the seeming presence of nodules at the pyloric end which on palpation simulated a cancerous growth, but which simulation later, on autopsy, was found to be due to well-marked depression on the left lobe of the liver, corresponding to the ribs and due to pressure by them.

Mrs. L—, widow, multipara, aged sixty-three years, native of Ireland, was admitted to the medical ward, September 14, 1895.

Previous history : Her parents, so far as she knew, died of old age. Her children were all living. Except for the diseases incident to childhood, she had always been healthy until a few months prior to her admittance to the hospital.

On entrance she complained of paroxysmal pains in the chest, hacking cough, especially at night, dyspnea, anorexia, night sweats, evening elevation of temperature with morning remissions, attacks of diarrhea, and hemoptysis. She was emaciated and very anemic. The blood count at various times showed the red blood corpuscles ranging in number from 1,800,000 to 2,000,000 to the cubic millimeter. The leucocytes were about normal in number. Phthisis pulmonalis was suspected, but a thorough physical examination at intervals revealed only a somewhat contracted hyper-resonant chest, prolonged harsh expiratory murmur and occasionally a few bubbling râles on the left side. The right lung and heart were normal. Numerous examinations of the sputum failed to show the bacilli of tuberculosis. The urine was normal.

At this time there were no marked indications of stomach trouble and though the patient was seen by various members of the visiting staff no diagnosis was made excepting emphysema and senility. Her symptoms did not ameliorate under treatment, and emaciation, cough, dyspnea and anorexia increased. Purgatives were always necessary for an action of the bowels. Blood was never noticed in the stools.

She remained in this condition until about two months previous to her death. At that time she began to complain of pain in the epigastric region, dull in character, ill-defined and continuous, but which was not usually exaggerated on taking food. The epigastric region was occasionally tense ; always tender on pressure. The tongue was furred, the stools were irregular, with eructations of gas and frequent severe headache. At times there were attacks of vomiting. The ejected matter, coffee-ground in character, was never large in amount, and the vomiting was not occasioned by food irritation. The ejected matter was never characteristic of gas-

trectasis, but was significant of carcinoma. Physical examination revealed a thin, relaxed abdominal wall, with some bulging in the right hypochondriac region. Occasionally a peristaltic wave could be detected, especially on mechanical irritation. Percussion, after one liter of water was administered, showed the lower border of the stomach to be seven centimeters below the umbilicus. Owing to the marked asthenic condition of the patient no attempt was made to distend the stomach artificially and it may be stated here that this fact accounts for our not making an examination of the stomach contents. The patient's condition contraindicated any attempt to pass a stomach tube. On palpation, we found what we thought to be a mass of cancerous nodules at the pyloric end of the stomach, movable and slightly tender to the touch. The thin abdominal walls permitted palpation freely and there seemed to be no ground for an error in the diagnosis.

At this point, the views expressed by Ewald are of interest. "To distinguish a deformity on the border of the liver, especially in the left lobe, such as frequently results from tight lacing in woman, or a true tumor of the liver, pancreas, or spleen, from a new growth in the stomach, may at times be very difficult, at other times impossible. The reverse may also occur; a carcinoma of the stomach may be regarded as belonging to the left lobe of the liver."

On auscultation, consecutive shocks by the hand produced the characteristic splashing sound heard in gastrectasis. The typical yellow hue of cancer cachexia was well marked. To reiterate, the patient, sixty-three years of age, presented the following symptoms significant of carcinoma of the stomach; belching, furred tongue, anorexia, pain increased on pressure, dull and continuous; periodical vomiting of decomposed blood, small in quantity; constipation, marked cachexia, tumor readily palpated and movable, complicated with signs of dilatation of the stomach. The diagnosis of carcinoma of the pyloric end of the stomach complicated with gastrectasis was made.

The patient gradually failed, and two weeks prior to her death would only eat when forced to do so by her nurse. Death occurred November 10, 1897.

Post-mortem, November 11. All organs very anemic. Stomach: Length of lesser curvature, 21 cm.; length of greater curvature, 43 cm.; capacity, 1800 cc. The mucous membrane was congested. The walls of the stomach were not thickened, being unattended by hypertrophy. The lesion was situated on the posterior wall of the pyloric portion near the lesser curvature; it was of oval shape, five centimeters in diameter and penetrated into the muscular layer. Its edges were thick and indurated and the floor was smooth and pigmented. The pylorus had participated in the contraction following cicatrization and its opening measured but six millimeters.

Portions of the ulcer were removed and hardened in Müller's solution. Microscopic examination showed the mucous membrane markedly infiltrated with leucocytes, the peptic cells being replaced by cylindrical epithelium. The submucous membrane was thickened with small-cell infiltration and new connective-tissue growth. The ulcer was completely limited from the surrounding mucous membrane by small-cell infiltration.

Liver: Weight, 1,170 grams. The left lobe presented several depressions on its surface corresponding to the ribs. Microscopically it presented the appearance of fatty degeneration.

Left lung: Lower lobe emphysematous. Other organs normal.

---

## CAUTION IN STRYCHNINE PRESCRIBING.

In prescribing dangerous drugs every safeguard must be taken. Dr. Wm. H. Burgess says in the *Medical Summary* that the addition of bichromate of potassium to a strychnine solution does not affect the activity of the strychnia and causes vomiting if an overdose of the solution is taken.

## Society Reports.

### MARYLAND PUBLIC HEALTH ASSOCIATION.

FIRST SEMI-ANNUAL MEETING HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

THURSDAY, NOVEMBER 18, 1897.

DAY SESSION.

THE meeting was called to order by Dr. Wm. H. Welch, President, in the chair, who said that meetings held in the interest of sanitary science were now arousing general interest, and engaged the attention not only of physicians, but also of those not in the medical profession. It is only when intelligent effort, in improving the health of any community, is aided by public sentiment, that the best results are obtained. It is very important that vital statistics should be collected and recorded, as the best means for healthful legislation.

*Dr. Howard Bratton* of Elkton read a paper entitled "Sanitary Ordinances." (See page 130.)

*Dr. John Morris* referred to an outbreak of diphtheria in Elkton about fifteen years ago. He stated that the town was in a bad condition then, and nothing has been done to improve it since that time. He said there was no public sentiment, whatever; and he thought it was an excellent idea for Dr. Bratton to arouse the people to the dangers of such a filthy town.

*Dr. William Lee* stated that he had often been to Elkton and had had the pleasure of meeting Dr. Bratton, and had seen the good work which was being done there for this cause. He said that the people needed to be educated up to the requirements of what was needed. He thought that the town was rather flat and hard to drain, and had certain disadvantages of position which other small towns had not.

*Dr. Bratton*, in concluding, stated that while the town was not well drained it was not as flat as Dr. Lee had said. He experienced great difficulty in making any change, at all, and even incurred the enmity of his fellow-citizens by his efforts.

*Dr. Purnell F. Sappington* of Govanstown made a "Report upon the Causes of Typhoid Fever, from Recent Experience in Baltimore County." (See page 134).

*Mr. Charles B. Rogers*, member of the School Board of Baltimore County, said that there was some difficulty in the water supply for the school near Chase's Station, and he asked for information as to whether it was really necessary to close the school, and if not, how could water be supplied to the school. He said that an artesian well could be sunk, but meantime water must be had. He has had it hauled from a distant point, but does not even now know whether it is pure drinking water.

*Dr. John S. Fulton* then read a paper on "Pollution of Soil and Water." (See page 127.)

*Dr. Janney* stated that the papers read were filled with common sense. Speaking of a new source of water supply, he thought that there was one near Herring Run, and believes the day will come when Baltimore will use this as a source of water supply. The water he said is filtered through a bed of gravel, 900 feet.

*Mr. Rogers* asked what was the best thing to do when typhoid fever broke out in the schools.

*Dr. Sappington* stated that there had been typhoid fever and diphtheria in that district. He recommended that a law should be passed providing for the testing of drinking water in these county schools.

*Mr. Rogers* stated that he had been told by a physician of large practice that there was no diphtheria in that neighborhood, only typhoid fever, and in the latter case he did not think it necessary to close the schools.

*Dr. A. C. Abbott* of Philadelphia said that it was a very serious matter to close the schools because the water supply was not in good condition. There are, he said, other ways to get around this. The water should be most carefully examined and if found dangerous, some other source of supply must be found. But, if this is not possible, then it should be filtered through some trustworthy material. If water is boiled it

is perfectly safe. It is never well to close the schools without very good reasons.

*Mr. Rogers* stated that while it was a very good idea to boil the water, he wished to know how it was possible in a country school, especially when they had no fire about the building in the summer.

*Dr. Sappington* stated that he did not mean to close the schools on account of typhoid fever, but because of the serious cases of diphtheria, through which other cases might develop.

*Dr. Bratton* stated that a small portable stove would supply sufficient heat to boil water.

*Dr. Welch* stated that it is not well to advocate one method in the spread of disease. Water is not the exclusive way by which typhoid fever is spread. It may come through the air, through green vegetables, and it may develop from fields fertilized with human discharges, and, therefore, it is an important matter to consider the disposition of human excreta. But statistics have shown that in places where fields are thus fertilized the diseases are not always carried.

*Dr. August H. Stabler* wished to know if the germ of typhoid fever could be carried from place to place in atmospheric dust, and if this affected the water supply.

*Dr. John S. Fulton* expressed himself as of the opinion that the germ of typhoid fever could not be carried through the air and thus convey infection.

*Mr. Charles R. Hartshorn* said that when all other means had failed he had found that permanganate of potash added to the water colored it red and while it did no harm to the water, prevented its use.

*Mr. Rogers* thought that the health office, and not the school board, should order the schools closed.

*Dr. A. C. Abbott*, Philadelphia, then made some remarks on "Disinfection" which were very clear and rather elementary in character. He spoke of the manner in which diseases could be carried to the body, the means used for disinfection, the difference between disinfectants, antiseptics and deodorants. He concluded by explaining room disinfection with formaldehyde, in the course of which remarks he stated that the apparatus and method used by Dr. James F. McShane of the Baltimore Health Office was the one that received the highest approval at the recent meeting of the American Public Health Association, and was the one that was advised to be used in most cities. He described thoroughly the manner of disinfecting a room after a contagious disease, and while his directions were more elaborate than could be carried out in professional practice, in most cases they were very complete.

*Dr. Wm. R. Stokes* then made some remarks on "Disinfectants." (See page 149.)

## THE MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

MEETING OF NOVEMBER, 1897.

At the November meeting, Dr. James D. Morgan read a paper entitled "Facial Manifestations of Disease." He believes that by a more thorough observation of the impressions and reflections of disease, which are patent upon the face, a reasonable diagnosis may be made, when perplexity of devices serve only to make more difficult an otherwise easy task. The face, he claims, is a mirror which reflects all degrees of ill-health, from temporary indisposition to grave cachexiae. He speaks of those diseases which are attended with a characteristic aspect of countenance which enable the experienced to recognize the disease at sight.

He says the disfigurement of one suffering with naso-pharyngeal adenoids is very marked. There is a seeming prominence and puffiness of the cheeks and nasal bones which cause the eyes to look heavy and sunken. The constantly open mouth and stupid expression of countenance are characteristic of post-nasal growths. He speaks of the color, shape and movements of the face as important indications in diagnosis and more especially in children.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL.
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, DECEMBER 11, 1897.

## *Expectoration in Public Places.*

WHEN woman takes hold of a movement and backs a crusade which public opinion supports she is almost sure to succeed. It has always been her prerogative to fight dirt and filth and the average woman looks with scorn and derision on man's vain attemps to dust and clean.

Now in many cities the gentle sex has decided that that vulgar beast commonly called "the spitting man" must go and the secretions of the mouth and nose shall no longer be deposited with impunity on the streets, sidewalks and floors of public buildings and public conveyances. This edict may sound to the tobacco chewer as opposed to personal liberty in a country which is supposed to be free. But the women certainly have some show of right on their side. They do not indulge in this filthy habit and could not if they would.

There is, however, a necessity of making haste slowly in proposing any legislation on this subject, for laws too strictly enacted and too summarily enforced may cause a reaction and defeat the end desired. In this country it is the custom to have a law passed and then have the courts decide what it means and while the law is framed by a number of men and brought before a large body of lawgivers and public officers, the whole law can be made powerless by one judge who may have some especial leaning and is unconsciously influenced one way or another in rendering his decision.

A law which would aim to prevent expectoration in public places should distinguish between those who chew tobacco, those who spit from habit and those who from some post-nasal or throat affection or from some lung disease are obliged to reject their secretions or poison their stomach and alimentary canal, but it should restrict all. The portable spit cup is a nasty thing at its best. A law which would prohibit by heavy penalty the corner loafer and especially the office seeker around the public buildings, who seems to think that soiling the pavement with mouth secretion will assist in obtaining a public office, would receive universal support. An ounce of prevention is always worth considering and while dried tubercular sputum when wafted about by the wind is not without danger, its chance of infection is much lessened by dilution; still the filthiness of the habit is a sufficient argument against the dirty custom without bringing up the danger of disease infection.

The question is a very broad one and a very important one and while a few cases of arrest and fine help to restrain others, still such a penalty should be fixed that will be enforced as often as the law is broken, for it is well known that if arrests were made every time some one expectorated in a public place the police force would have to be increased and the station houses enlarged. Street car conductors cannot prevent this filthy habit in their cars because they are not sufficiently supported by their companies and by the general public. The custom of public spitting can be modified but it is a question if too severe means will stop it entirely.

The women who are urging this measure are deserving of help and the good advice of the stronger sex and care should be taken that the dangers of public spitting be stated clearly, but not exaggerated, by zealous partisans.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 4, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 13 |
| Phthisis Pulmonalis | | 18 |
| Measles | 18 | |
| Whooping Cough | 9 | |
| Pseudo-membranous Croup and Diphtheria. | 99 | 10 |
| Mumps | 1 | |
| Scarlet fever | 19 | |
| Varioloid | | |
| Varicella | 1 | |
| Typhoid fever | 9 | 4 |

The Louisiana State Board of Health has resigned.

Dr. R. E. Lewis died at his home in Dinwiddie County, Virginia, last week.

Dr. J. T. Bond, a prominent physician of Emmittsburg, died recently, aged 65.

The President of the Republic of Brazil is a physician of note and president of the Bahia Medical College.

Dr. Thomas Addis Emmett's library, valued at $240,000, has been sold to the New York Union Library for $150,000.

Dr. John S. Mathias of Westminster, of the class of 1879, University of Maryland, is the new Health Officer of Carroll County, Maryland.

By order of the Board of Health of New York City the water tanks on the roofs of tenement houses have been examined and thoroughly cleansed.

The Cartwright prize of the College of Physicians and Surgeons of New York has been awarded to Dr. G. W. Crile of Cleveland. His subject was "Shock."

The Attorney General of Colorado has decided that it is illegal for druggists to sell wine of cocoa in that State except upon a physician's prescription.

The New York Board of Health has been granted a special appropriation of $60,000 for the care of consumptive patients. This is a worthy example to Baltimore.

The Tennessee Medical College at Knoxville was destroyed by fire last week.

Dr. L. H. Gundry is the new Sanitary Inspector of the Health Department for the 21st Ward of Baltimore.

The San Francisco Clinical Society has been organized. Dr. C. G. Kenyon is President, Dr. J. Francis White, Secretary, and Dr. Winslow Anderson, Treasurer.

Surgeon-General Wyman of the Marine Hospital Service has submitted his annual report, in which he speaks of yellow fever at home and dangerous diseases abroad.

The first group of new buildings for the Second Insane Hospital at Springfield, near Sykesville, is near completion. Dr. Rohé is giving a great deal of time to the study of the construction and the comfort of the inmates.

Dr. Milton Hammond, an old and prominent homeopathic physician of Baltimore, died last week at his home at an advanced age. Dr. Hammond was graduated from the University of Maryland in 1850. After serving in the War, he began civil practice and then took up homeopathy and was said to be one of the few physicians of that school who honorably and faithfully followed its tenets.

The number of medical missionaries is 460, an increase of 122 in five years. Of these 168 are in China, 165 in India, 44 in Africa, 34 in Syria and Turkey, and a smaller number in each of nearly a score of other countries. More than 340 are males and about one-third of that number females. The United States has 246 in the field, Great Britain 174, Canada 21. The American Presbyterians lead with a total of 71, the American Methodists follow with 55.

The Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia will be held at Queen City Hotel, Cumberland, Thursday, December 16, at half-past one o'clock. The following papers are announced: "Importance of an Early Diagnosis in Malignant Disease of the Breast," Dr. John B. Deaver, Philadelphia; "Therapeutics as Based on the Study of Tendencies," Dr. W. T. Hughes, Bedford, Pa.; A Paper, Dr. Hunter McGuire, Richmond; "Post-Diphtheritic Paralysis," Dr. E. T. Duke, Cumberland; "Medical Literature," Dr. W. F. Barclay, Pittsburg. A sumptuous banquet will follow.

## WASHINGTON NOTES.

Providence Hospital is declared to be a private institution and an injunction has been filed against E. H. Roberts, Treasurer of the United States, to restrain him from paying to any officer of Providence Hospital any money belonging to the Government or to the District. This, in all probability, will cause a change in the location of the contagious hospital, which was to have been turned over to the officers of Providence Hospital.

In 1883 the death rate from typhoid in the District was 3.6 per cent. per 10,000. In 1896 it was 8.3 per cent. In 1890 and 1891 the rate was 8.9 and 8.5 per cent. per 10,000, respectively. The relation between the epidemic at Cumberland and this increase was something more than a coincidence. It was the logical result from drinking water contaminated with typhoid. Filter beds at pumping stations is the only practical means of purifying a public water supply.

## Book Reviews.

OBSTETRIC DIAGNOSIS AND TREATMENT. By O. Schaeffer, M. D. Wood's Medical Hand Atlases. William Wood & Co., New York.

It is with considerable regret that we see a book published which presents so few advantages and so many disadvantages as the present volume, and when one recalls the many excellent text-books on obstetrics which are now on the market, it is exceedingly difficult to see how this work can have anything but a very small sale.

At least one-half of the volume is taken up by a series of colored plates, illustrating certain anatomical and pathological conditions in obstetrics. These plates, although they show most of the prints which the author desires to bring out, are diagrammatic in the highest sense of the term and except that many of them are colored they are little better than the cuts printed in the "Quiz Compend Series" with which we are now so familiar. Many of the drawings of microscopic sections are so schematic as to render their recognition impossible unless one reads the author's description.

The latter half of the book is taken up by the text, and the author has treated his subject under the following heads: 1. The normal anatomy of the sexual organs during pregnancy. 2. Pelvic deformities and their influence upon pregnancy and labor. 3. Abnormalities caused by displacements, tumors, etc. 4. Ruptures of the uterus. 5. Abnormalities of the ovum. 6. Anatomy and etiology of premature expulsion of the ovum. 7. Abnormal presentations and positions of the child. 8. Abnormalities caused by general diseases of the mother. 9. General observations on obstetric therapeutics.

Probably the best section of the work is the chapter on pelvic deformity; here the many varieties and degrees of pelvic contraction and deformity are taken up and their causation, diagnosis and treatment well discussed.

An objection which might be put forward on the text in general is that the effort at conciseness and dogmatism has been carried too far; as many of the paragraphs have been written in short, scrappy sentences and on reading them over it is rather difficult to arrive at a conclusion as to what the author's meaning really is; for this reason we think that the work can hardly be a valuable one for students.

There are also many evidences of haste in the preparation of the text, for in places we see sentences like these: Page 59—"The distance between the anterior superior spines must be less than that between the crests. (In the rachitic pelvis the distance between the crests is greater.)" And, again, on page 198, we find the following sentence under the treatment of breech presentations: "If this should not succeed at once, we free the legs, extract the trunk after loosening the funis, and bring down the arms as shown in Figures 64, 66 to 68." And in turning to Figures 64, 66 to 68, we are shown drawings of a rachitic pelvis and microscopic sections of abnormal, rachitic and osteo-malacic bone.

The book may be of value to the practicing physician who has not the time to consult the larger works on obstetrics, but as a work for students or a work of reference we fear that it will never become a classic.

BEGINNING with January, 1898, the *Laryngoscope* will be published simultaneously in this country and in England.

OBSTETRIC ACCIDENTS, EMERGENCIES AND OPERATIONS. By L. Ch. Boisliniere, A. M., M. D., LL. D., Late Emeritus Professor of Obstetrics, St. Louis Medical College, St. Louis, Mo. Philadelphia: W. B. Saunders, 1897. Pp. 381. Price $2.00.

This excellent little book, as the author claims, is not a treatise on midwifery nor a manual of obstetrics, but is an exceedingly able work on some of the obstetrical complications which may fall to the lot of the practicing obstetrician.

From a practical standpoint we think that the work can scarcely be improved upon; it is written in a clear, concise style, and is made by the insertion of illustrative cases from the author's own practice, together with quotations from the works of many well-known authorities, an exceedingly interesting volume for one interested in obstetrics to read. The author has clearly demonstrated by his very numerous references to the work done by German, French and American writers that his book has been put before the public only after much reading and thought, and not turned out with the apparent haste which is so marked in many of the smaller works on obstetrics which we now see.

He has treated his subject under three main heads. Part I, Accidents to the woman. Part II, Obstetric operations; and Part III, Accidents to the child. The subjects of eclampsia, version, extraction and forceps are particularly well dealt with; being well arranged summaries of the views held by most of the prominent obstetricians of the present day. A chapter of the book has been devoted to abdominal palpation and diagnosis and the important subject is here much better explained than in many larger text-books on obstetrics.

Although the author strongly insists on the necessity of strict antisepsis and asepsis in all obstetrical operations, we think (on account of the vague ideas on this subject in the minds of many general practitioners) that a short chapter on hand disinfection and obstetrical antisepsis would not have been out of place.

There is no originality claimed for the illustrations, most of them being reproductions of the illustrations published in the American Text-Book of Obstetrics. On the whole the book is an excellent piece of work and will undoubtedly be of great value to the student and practicing obstetrician.

# Current Editorial Comment.

## SUCCESSFUL BUSINESS.

*American Druggist.*

"THERE is no money in the drug business" is a cry heard from every portion of the United States, but nevertheless one continues to meet well-to-do druggists everywhere. The fact is there is no money in any business unless properly conducted under suitable conditions. If you are not making money either the conditions or your methods are wrong and it behooves you to carefully study both and eliminate the cause.

## SYPHILIS AND CIVILIZATION.

*The Journal.*

WE have not long since realized that all venereal diseases are disastrous and hence have more than ever reason for desiring their suppression. If it is generally admitted, and this seems to be probable, that syphilis once acquired, no matter how thoroughly and successfully treated, leaves behind it a possible liability to the most formidable of brain affections, paresis, we have another strong inducement for additional measures to check its extension. The social evil in the light of modern pathological research is becoming more and more an important social question, if not the most important one of the time. How it is to be settled is a problem in the solution of which our profession can aid by showing the ever increasing need of its abatement or suppression.

## HIGH STANDARDS.

*Medical Fortnightly.*

WHY is it that some of the good clergymen who are trained in the academy, the college and the seminary, and who above all men should be sound in their belief in truth and honesty, will so lower the standard of professional ethics by thus endorsing patent medicines, quack practices and institutions, in fact everything that will but add an inch to their greatness? Theology, alas! has no standard, for sects and cisms will not permit of it and as a result there are greater number of untrained, uneducated men in the pulpits today than there are in medicine or the law. Professional work appeals to a man's highest ideal of intellectual attainments; it should give dignity to his position in life and exalt him to establish an ethical standard of conduct which is elevating and calculated to bring out all of the noblest qualities of manhood.

## PROGRESS IN MEDICAL SCIENCE.

THE substitution of one article for another is a crime alike against physician and patient. The medical profession can put an end to it by sending their prescriptions only to those pharmacists around whom there rests not the slightest suspicion.

THE CARE OF CUSPIDORS. — Cuspidors should be thoroughly cleansed and disinfected daily and should contain a small amount of germicidal solution.—From "The Repression of Dangerous and Offensive Spitting," *New York Medical Journal*, March 26, 1897. The disinfectant known commercially as Platt's Chlorides can be recommended for this purpose, as it is efficient, clean and odorless.

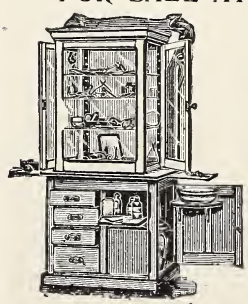
A NEW PACKAGE.—Owing to continuous requests from public institutions, such as asylums, dispensaries, hospitals, homes and infirmaries, the Norwich Pharmacal Company of Norwich, New York, will place upon the market on January 1, 1898, a new five pound tin to be known as hospital size and will retail for $4.75. This new package will doubtless be largely used by a great number of physicians outside of hospitals, as Unguentine is now recognized by leading members of the profession to be one of the very best surgical dressings in every case where there is inflammation and is a valuable addition to the office shelf or table.

THE BEST ANTI-LITHIC REMEDY.—The excessive production and deficient elimination of uric acid from the system is now held responsible for the causation of many affections formerly attributed to other factors. The modern views as to the pathology of the uric acid diathesis have necessarily exerted a material influence upon the therapeutics of the various conditions grouped under this heading. Greater attention is now given to the dietetic and hygienic management of patients afflicted with this diathesis, for it is well recognized that in this way only the over-production of uric acid can be successfully prevented. There are many cases, however, in which the imperfect elimination of this substance rather than its excessive formation is responsible for the existing disturbance. It is here that the administration of the new uric solvent, Lycetol, will be promptly followed by an augmented excretion of uric acid with rapid relief of the symptoms.

DR. C. MORROSA, 1045 Mission Street, San Francisco, Cal., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (White) in one case of gonorrhea. A lady had a discharge for months and had been treated with iodine crystals in water as an injection with no effect except to soil her clothing. I gave her a bottle of S. H. Kennedy's White Pinus Canadensis, giving directions for use as injection internally, gave fluid ext. prunus virg. as a tonic. She lives in Alameda, and only yesterday she sent me some other sufferers, telling them I cured her. I will say in conclusion that your preparations are good. I have used them in some minor cases that I did not think worth while noting at the time, always with success.

VALUABLE REMEDIES WORTHY OF ATTENTION.—Especially at this season are the tablets of "Antikamnia and Codeine," each containing 4¾ grains of Antikamnia and ¼ grain sulphate codeine, worthy of attention in the treatment of pulmonary diseases. This combination is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, and in fact nearly all neuroses of the larynx, are in the vast majority of cases promptly and lastingly relieved and often entirely suppressed. In treatment of la grippe and its sequelae, its value is highly esteemed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this combination does this, and in addition controls the violent movements accompanying the cough.

**FOR SALE AT A BARGAIN.**



*A $75 Allison Cabinet, manufactured by the W. D. Allison Manufacturing Co. of Indianapolis, in perfect order; will be sold very cheap. Address M. M., Care Maryland Medical Journal.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No. 10. BALTIMORE, DECEMBER 18, 1897. WHOLE No. 873

## Original Articles.

# SOME OF THE MORE PREVALENT DISEASES AFFECTING ANIMALS.

*By A. W. Clement, V. S.,*
State Veterinarian of Maryland.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

THE subject of this paper is a somewhat long and wearying one, but I shall confine my remarks this evening to the discussion of some of the diseases which are communicable from man to animals, or vice versa, with one exception—that of the disease affecting horses, which has of late been epidemic in some parts of our State.

The diseases which are transmissible from man to animals and from animals to man are very interesting and of great importance to the community. They are diseases to which have been devoted a very considerable amount of study and which are attended with a very great amount of good. What Koch has done for tuberculosis and what Pasteur has done for rabies will long be remembered as the very bulwarks of modern medicine. The question of tuberculosis alone is of imminent importance both as a commercial question and as one affecting the life and comfort of a very considerable portion of our community. A disease which causes the death of one in five, or one in seven, of our population, is no light matter, I can assure you. A disease which is causing today more money to be spent upon it than are all diseases to which humanity is susceptible; a disease which is preventable to a great extent and one to which science is devoting more attention than it is to any disease affecting man or animals. It is an infectious disease; there is no doubt about this, as all of you who are physicians—and as many of you who are not physicians—know. It is not only an infectious disease but the means of infection have been thoroughly studied.

The organism causing the disease was isolated by Koch and its properties are well-known to all men who work in laboratories. They know that the organism can be detected in organs affected, that it can be grown outside of the body in proper nutriment and that if inoculated into a healthy animal, that animal will get tuberculosis. Knowing these things as we do, it behooves mankind to do all in his power to prevent the poison from accumulating in the bodies of individuals. Just how to do this is a question which has agitated and is now agitating the minds of scientific investigators. Whether by curative agents or rather by antitoxine agents to produce a condition of body which is antagonistic to the growth of the tubercle bacilli, whether by better-

ing the condition of humanity so as to make them stronger, better able to withstand the attacks of the tubercle bacilli, or whether to enforce a quarantine upon people suffering from the disease and against all food products which may in any way transmit the disease, these, I say, are the main lines of work of the sanitarian today, and are more or less fruitful in their results.

Now I do not wish to be called an extremist, I do not wish to be an alarmist, but I do believe that the question of our milk supply has very much to do with the disease in children and in adults who drink much of it, and who are in any way delicate. Tubercle bacilli have repeatedly been found in the milk of cows which were visibly affected, and also in the milk of cows which did not show any of the characteristic symptoms of the disease.

All milk from cattle which react to the tuberculin test should be condemned and the cattle slaughtered. This may seem a harsh statement and one which the dairymen of the State will not relish so well, but it is nevertheless a fact. It will cost much money and who is to pay it? Is the State to do it or are the producers themselves to do it directly? I think the latter. I do not believe that the State can do it directly. Some States have expended large sums of money and are today expending large sums of money to eradicate the disease from cattle and I am of the opinion that it is, to a large extent, a waste of money. Government supervision of such work is always more expensive than the same work undertaken and carried out as a private enterprise. Still the work ought to be done and ought to be done as long as tuberculosis exists and better have the State do it than not to have it done at all. While I say that the State ought not to do it, I do not mean by any means that the State ought not to have anything to do with it. I do think that the State, through its proper officers, should have control of the work, but that it should be paid for by the producer himself.

Certain men in the medical and veterinary profession are to be trusted and more are not. Certain ones will give an honest opinion while more will give an opinion based upon the amount of money involved in the transaction and the one opinion may have just as much weight with the public as the other. Before he is allowed to inspect dairy stables and give certificates, the veterinarian should first receive the endorsement of the Live Stock Sanitary Board and this endorsement should be evidence to the public of his fitness for the position. What the public needs is to be educated up to a pure milk supply and a pure milk supply can only be assured where the stables are under the constant supervision of a veterinarian and of an honest veterinarian, too.

Why would it not be well for the larger of our milk dairies to unite and form a syndicate or trust for the production of pure milk? To have their stables inspected and their cattle tested by competent men and advertise this fact to the public? How long would it be before other dairies would have to get in line or close up shop? If only a few could be gotten to do this at first, what an educator it would be to the public. Objection will be raised to the cost, but how much less the cost would be than if attempted by the State and how much greater would be the result? The only way to insure pure milk is by inspection of the dairy stables, not by the inspection of milk after it arrives at its destination in the city, though that would have to be done, too, to provide against the practice of some drivers watering the milk to increase the amount.

Tuberculosis is prevalent in the State of Maryland among its cattle; this has been proven by a system of inspection inaugurated by the present Live Stock Sanitary Board, which shows that one and forty-seven one-hundredths per cent. are tuberculous to the naked eye. That is, so many were so badly diseased as to be evident without further examination. That this number would be increased many times by the use of tuberculin has been demonstrated in my own private practice and from the statistics of other States. I have repeatedly seen

cattle which were apparently healthy react to the test and when slaughtered found tuberculous. I have in my own mind one herd belonging to a gentleman in which one tuberculous animal called attention to the herd, and when they were all tested ten out of seventeen reacted and when slaughtered were all found to have tuberculosis to a greater or less extent. Ten out of the seventeen were dangerous to human health and they were all well-bred Jerseys, too.

While testing cattle for a milk firm in this city, it is a common practice to condemn from ten to twenty per cent. as tuberculous. These, too, are of animals which show no sign of the disease by appearances. What are we to do with these cattle which react? Is the State to pay for them at a certain value for meat, have them slaughtered and sell the meat if it be not diseased to any great extent? I say yes, provided the owner will properly disinfect his place and will buy no more cattle without having them tested. To allow cattle which react to go free means that some other dairyman will buy them and place them in his dairy; then, again, supposing that the cattle are tested and react, subsequent inoculation will give a negative result, for a while at any rate, so that diseased cattle might be passed healthy.

What I say of tuberculosis in cattle does not include all of the dangers of infection. How often do children contract the disease from tuberculous people expectorating upon the floor, when children are crawling about? How often do people contract the disease by breathing air laden with tuberculosis germs? These are questions which I leave for the practitioners of human medicine to determine. Certain it is, that if we can have a definite inspection of the milk supply and added to this a proper observation by infected people of rules of decency the mortality may be greatly reduced.

Rabies does exist in Maryland and it exists to a much greater extent than was formerly supposed. Since I became the State Veterinarian I have seen several outbreaks of the disease in cattle bitten by rabid dogs. It is not an imaginary disease by any means. It is not an hysterical disease brought on by fear from having been bitten by an animal supposed to be mad. It is a definite, real disease and the sooner the public are made aware of it the better it will be for the public and the better it will be for the dogs; and the sooner we will have a dog law.

It is a mistake to believe that promoters of bench associations are afraid to have the public know this state of affairs, for they are not. It is not the thoroughbred dog that will suffer, but the mongrel cur which runs about our streets and over our pastures; he is the one that does the damage. Just in proportion to the efficacy of laws in different countries, does the disease exist. In North Germany the disease is rare. In Russia it is quite prevalent, while in France and England it is not uncommon. Rabies is a distinct disease propagated only by inoculation. Unless one individual has it, it cannot spread; it never arises spontaneously; when an animal has the disease he runs wild and bites everything in his way unless he be confined. He bites at objects indiscriminately. There is a peculiar wild look in his eyes; this stage is followed by the paralytic stage. Animals bitten show symptoms corresponding to their natures. Sheep and cattle, as a rule, show a tendency to horn and to butt. Horses show a tendency to bite and to kick.

I have seen several cases of infection of cattle and sheep. Out of a herd of sixteen cattle one man lost ten from the bite of one dog; another man lost a number of stock cattle and many sheep; still another lost three cows out of four. In two of these cows there was recovery after apparent light attacks of the disease, showing, if this be true, that the disease is not necessarily fatal. These are but a few of the many cases which have come under my notice.

A dog law, which would tax every dog in the State, would soon make the disease a matter of ancient history. Why should not such a law be passed by our Legislature? It has been said

that such a law would be trampling upon the poor man ; that it would be legislation for the rich ; not so at all. A law imposing a tax of two or three dollars per year upon each dog would not hurt anybody who could afford to keep a dog. The owners would take better care of them, too. They would be kept at home and looked after ; more than that, they would be properly fed and not half starved as many of the curs are at the present day. I believe that such a law is perfectly practicable and I believe it would work well, looked at from a commercial point of view. Why any farmer should be opposed to it is more than I can see, when he knows of the number of sheep he loses in the course of a year from dogs.

All dogs licensed should wear a collar bearing an inscription of the owner's name and the number of the license. All dogs not having this collar should be caught and destroyed. The dogs could be kept somewhat under inspection while awaiting ownership. Dogs with contagious diseases should be quickly separated from the rest and measures taken for the prevention of the spread of these diseases amongst the unaffected dogs. As it is now, diseased dogs are kept in close contact with healthy dogs. Dogs with distemper are placed in the same pen with healthy dogs. At any rate, whatever the method settled upon for its execution, the State should pass a dog law and should see to it that its penalties be rigidly executed.

As to the disease in horses which has caused and is causing so many deaths, I shall not say much for the simple reason that not much is to be said. It is a disease which has ordinarily been called cerebro-spinal meningitis, but the queer thing about it is that there are no cerebral or spinal lesions observable. There are no lesions whatever observable upon post-mortem examination. I make this statement not only upon my own observation, but upon the observation of many others. Our worthy President, Dr. Welch, has been with us at autopsies and he quite agrees with me ; so do many more.

Johne, in reviewing Siedangratzky, and Schlegel's work upon what appears to be the same disease, does not agree with them that there is even a serous meningitis. Johne, however, finds a diplococcus in the spinal fluid, which, by injection, kills small animals once in a while and makes horses sick, but does not kill them. Acting upon his advice, I obtained from the spinal fluid of a horse which died in Baltimore County a pure culture, which Dr. Stokes found killed rabits and which we found killed a horse. The same organism which we found in the spinal fluid of the first horse was found in the spinal fluid and organs of the horse and smaller animals inoculated. The symptoms produced are the same as those seen in horses suffering from the disease, though in a much slower form than is generally recognized, namely : rise in temperature, then a fall in temperature ; inability to move one hind leg, then the animal gives away behind and is unable to get up any more. He eats all right up to near the end ; but this is only one horse and not much can be said upon one experiment—I give it for what it is worth and Dr. Stokes will show you the specimens. You will observe that it is a short bacillus rather than a diplococcus.

The symptoms of this disease in horses is as follows : They are at work as usual ; they are either put away at night all right or they may lag a little in their work. The next morning they are found down and unable to arise ; they continue, as a rule, in this way until they die, sometimes living a couple of days and sometimes a week. Sometimes there seems to be a paralysis of the muscles of deglutition and sometimes they eat and drink for a good while, or nearly up to the time of their death. It has been supposed that weeds of different kinds had much to do with the disease. This is very problematical and has never been proven. Whatever the disease is, it is extremely fatal. It affects horses in the stable and in the fields in winter and summer, but probably it is more prevalent in summer than in winter.

# SOME OF THE DANGERS ARISING FROM SLAUGHTER-HOUSES, WITH SUGGESTIONS FOR MEETING THEM.

*By Ch. Wardell Stiles, A. M., Ph. D.,*
Zöologist, United States Bureau of Animal Industry.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

(*Concluded.*)

THE segregation of slaughterhouses is to my mind the first and most important step to be taken in preventing diseases which center at these places.

This suggestion will naturally not meet with the approval of all butchers. The objection will be made that they have money invested in slaughterhouses and that any change will mean financial loss to them. To this I would reply that all or nearly all local slaughterhouses are frame buildings, which are not of much value; they are cheaply built and poorly arranged; they represent an infinitely smaller investment than the stock of neighboring farmers, or the lives of the inhabitants, computed at the legal value; and the temporary loss to be sustained by the butcher will be infinitely less than the continuous loss sustained by neighboring farmers and by the community at large. Furthermore, these numerous slaughterhouses are menaces to public health and under these circumstances a small financial loss to a few individuals cannot be taken into consideration.

Another objection that will be made by the butchers is that while the segregation of the slaughterhouses would reduce the number of centers of infection, it would not reduce the amount of infection in a given district. To this the reply is that the objection is more apparent than real, since a given amount of infection in a restricted area is more easily controlled than the same amount of infection scattered over a large area and in different localities.

Objection will also be made that this segregation of the slaughterhouses is an innovation, an experiment, a scientific theory which is not practicable. The reply to this is, that while it is an innovation in this country, it has been tested and found satisfactory in other countries, where practical experience has borne out scientific theory and where the plan has been shown to be entirely feasible.

Objection may be raised that one butcher does not care to be subjected to having his business open to the gaze of other butchers. This objection answers itself. There undoubtedly are butchers who would object to having other butchers see the class of stock they kill or raise, and the sooner the health authorities exercise some control over these dealers the better.

My second suggestion relates to the director of the proposed municipal abattoir. If the slaughterhouse is placed under city control, the natural tendency among certain people will be to claim that patriotism calls for the appointment of the director according to his political pull. I would modestly suggest that an unsuccessful blacksmith, or barber, or a physician, dentist, or druggist who has failed in your State examination, is hardly the person to be appointed director of a municipal abattoir, notwithstanding his political pull. In this matter of public health we are dealing with life and death and we must have a man equal to the position. Personally, I believe that the man appointed should be a veterinarian and should be, ex-officio, a member of the local board of health. And by this word, veterinarian, I do not mean a quack horse doctor, but rather a well educated and scientifically trained graduate of a reputable school and besides that a man of experience in gross pathology and meat inspection. The scientific meat inspector can render public service in the prevention of dis-

ease among men and live stock, to a degree scarcely dreamed of by the non-technically trained laity.

While not calling into question the honor of all butchers, I will state that my experience has taught me that some of them forget that their business has its ethical as well as its financial side; and I have had more than one butcher boast to me that he bought diseased animals when he could and placed them on the local block, because he could buy them cheaper than he could buy healthy animals and because his customers could not tell the difference between good and poor meat. Few of you have any conception of the condition of some meats which go on the block in places where no system of meat inspection exists.

I would, therefore, urge the appointment, as director of the municipal slaughterhouse, of a competent veterinarian, with assistants, if necessary, whose duty it should be to inspect all meats at the time of killing, or immediately afterwards, and before any of the organs are de-troyed.

My third suggestion is on behalf of the butcher. While I believe every butcher sins more or less in selling meat which he ought not to sell, he unquestionably does so unintentionally and innocently in many cases. He is not trained in pathology and does not understand the exact nature of all he sees. He may even tell his customer that this or that meat is not an especially good article, but it cannot be expected that he knows the danger connected with lesions which even few physicians would at first recognize.

The proposition that diseased meats, which are dangerous as articles of food, should not be allowed on the open market, is one which will receive universal support from all sanitarians, and also from the thinking public. The question, however, arises as to the classes of diseased meats, and the stages in these diseases that justify their condemnation or that justify their sale, and the method of their disposal if condemned.

In some foreign cities regulations exist or have existed compelling the burial or cremation of meats affected with certain diseases. To such extreme measures I am opposed, and this for several reasons. First, such destruction by burial or by burning is in itself an expense. It also results in a total and unnecessary loss of the carcass. Again, the burial of a diseased carcass, unless buried in quicklime or other destructive material, does not meet either the practical or the theoretical requirements of destruction of disease matter. Take trichinosis, for instance. In some places the carcasses of trichinous hogs have been buried by order of the sanitary officials. After this has been done, the owners of the carcass have disinterred the hog and it has been used for food. This has happened a number of times in Germany, one case being reported within less than a year past.

Even had these human rats not disinterred the body and fed it to their friends and customers, the grave would have been accessible to rodents, such as rats, field mice, etc., which would not hesitate to feed upon the carcass, and thus become infected with the disease, resulting in a possible (theoretical!) ultimate transmission of the disease to other hogs. Finally, I am opposed to this method of alleged destruction on the ground that diseased or partially diseased carcasses can be utilized under certain conditions and restrictions or in certain ways, so that the owner will not lose the entire amount of his investment.

Three methods in particular are open, the method selected being dependent upon the nature, extent, or stage of the disease, and the facilities at hand. These methods are: (1) Utilization as fertilizer; (2) rendering the meats harmless by cold storage, cooking, or preserving, and then placing them upon the market; (3) selling the meats under a declaration of their character.

In determining the nature, extent or stage of the disease and its relation to the method of disposition of the carcass, the opinion of the meat inspector must, of course, be based upon certain general principles and must naturally be final.

*Utilization as Fertilizer.*— There is no

parasitic disease known which will withstand the degree of heat used at the large abattoirs in the preparation of fertilizers. "Tanking for fertilizers" is therefore an absolutely safe method for the disposition of condemned meats, no matter how serious the infection is or to what extent the disease has progressed.

In connection with certain bacterial and parasitic diseases, however, a question arises as to the necessity of condemning to the tank certain diseased conditions. A case of generalized cestode-tuberculosis (*cysticercus bovis*) should undoubtedly be "tanked," but in a very light infection the question takes a different aspect, namely: Cannot the diseased portion be cut out and the rest of the carcass be placed on the block? To allow such meat on the market, leaving the consumer to suppose that he is purchasing a first-class article, is evidently an injustice to the buyer, for it is by no means certain that all of the parasites have been detected and removed. To condemn a light infection of this disease is, on the contrary, an injustice to the dealer, for there are methods by which the remaining parasites, if any, may be rendered harmless, and in this case the dealer could be saved a part of his loss. To judge between those cases in which the carcass is absolutely unfit for food, and therefore to be condemned, and those cases in which the carcass may be treated according to methods which will destroy the remaining but undiscovered parasites, thus rendering the meat fit for food, is a point upon which the expert meat inspector must decide.

To follow up the example cited, let us examine the effects of cold storage, cooking and salting. It is evident that the method chosen must depend upon the facilities at hand. At a large abattoir any of these methods might be followed, but at a small country slaughterhouse the choice would be restricted.

*Cold Storage.* — Experiment shows that the parasite under discussion (*cysticercus bovis*) dies about two to three weeks after the death of its host. Three weeks of cold storage would therefore render a light infection of this kind absolutely harmless, and the meat could safely be placed on the block. With the disease known as pork measles (*cysticercus cellulosae*) the parasites live for a month, so that more care would be necessary in dealing with it.

*Cooking.*—Many of the abattoirs voluntarily tank for canning certain meats of inferior quality. The heat to which these meats are subjected is not so great as that used in tanking for fertilizers, but as *cysticercus bovis* can not survive a temperature of 140° Fahrenheit for five minutes, and as the meats tanked for canning are thoroughly cooked, it may safely be asserted that a light case of "beef measles" would be rendered perfectly harmless by the cooking preparatory to canning.

The same applies to cases of trichinosis. The parasite of this disease can not withstand a heat of 70 C. (150 Fahrenheit), so that if trichinous pork is cooked until the entire piece has reached this temperature and assumed a light-gray color, the disease is rendered non-transmissible to man.

*Salting.* — The parasite of "beef measles" is killed in twenty-four hours by the action of salt solution, and we have found no case in which the parasite of trichinosis has been able to withstand four months in the "pickling vats." In both of these cases it must be remembered it takes some time for the salt to thoroughly permeate the tissue. It would, accordingly, not be safe to assume that in a piece of measly beef which had been placed in brine for twenty-four hours the parasites had been killed. The length of time necessary to guarantee the result is, of course, dependent upon the size of the piece of meat. A safe rule is to cut the meat into pieces of any length, but not over three inches thick, and leave them in brine for two weeks.

*Selling Infected Meats Under Declaration.*—While the large abattoirs have means at their command by which cases of light infection may be rendered non-infectious, the smaller slaughterhouses are at more of a disadvantage in this respect. Cooking and salting would be possible for some—perhaps all

of them—while cold storage would often be out of the question.

In this connection it will be well to study for a moment a system which is extended in certain parts of Europe and to consider whether it would not be advisable for cities and towns to give the same system a trial in this country. Reference is made to the German "Freibank" or "Finnenbank."

In some parts of Europe certain meats of inferior quality are allowed on the market under given conditions. One of these conditions is that they must be sold in a specially licensed meat stall or counter, known as the "Freibank," or "Finnenbank," where the true nature of the meat must be made known to the purchaser. Naturally such meats are sold at a lower price than the meats offered in open market, thus enabling many of the poorer classes to purchase meat who cannot afford to pay the regular prices. Meats which are absolutely dangerous from a sanitary standpoint are, of course, excluded from these special meat counters, and in some instances the law requires that even these meats of inferior quality, which are harmful in some cases, though not dangerous, must be rendered harmless before being sold.

In the United States inspected meats are, generally speaking, either passed and allowed to go upon the open market or condemned and thus excluded from the market. The German system of the "Freibank" practically results in dividing meats into three classes; namely, first, meats which may be sold in open market—good or first-class meats ("gute oder tadellose Ware" of North Germany, "bankwürdiges Fleisch" of South Germany, also called "bankmässig," or "ladenrein"); a second class of meats which may be sold only under declaration of their true character, in many cases only after having been cooked or salted under official supervision ("nichtbankwürdig," "nichtbankmässig," "nichtladenrein"); a third class of meats which are unconditionally condemned and therefore excluded from the market.

Ostertag (1896) has recently published a detailed compilation giving the data concerning the sale of measly beef in 38 cities in Germany. At first there was great prejudice against the meat, so that in some cases the price fell to 2½ cents per pound; but as this prejudice wore off the price went up to six, eight and ten cents per pound. In some cases the demand for this cheaper meat is greater than the supply.

Objections to the "Freibank" have been raised by some parties, but I am unable to see wherein this system is unfair either to the dealer or to the purchaser, for no one is obliged to buy this meat who does not wish to do so, while anyone who wishes a cheaper class of meat can purchase it at the "Freibank" with the full knowledge of the condition of the meat he is buying. It is perfectly safe to use the meat when thoroughly cooked, and the dealer is able to economize in his business. I take the decided stand, however, that it is far better to subject all of these meats to thorough cooking or other methods of safeguarding before they are placed upon the market.

*Summary.*—To summarize this subject in a few words:

1. A well-regulated system of slaughterhouses is as necessary to the public health as is a well-regulated system of schools to the public education.

2. Every slaughterhouse is a center of disease for the surrounding country, spreading trichinosis, echinococcus disease, gid, wireworm and other troubles caused by animal parasites, and tuberculosis, hog cholera, swine plague, and other bacterial diseases.

3. The important factors concerned in spreading these diseases are offal feeding, drainage, rats and dogs.

4. These diseases may be greatly held in check and in some cases entirely eradicated in two ways: First, by a reduction in the number of premises on which slaughtering is allowed, on which account it is urged as all important that there be a segregation of the slaughterhouses, so that all the butchers of any given town will be compelled to do all their killing in a common inclosed and restricted area. In abandon-

ing slaughterhouses, care should be taken to destroy the rats, in order to prevent the spread of infection. Second, by regulating the factors concerned in spreading the diseases : (*a*) Offal feeding should be abolished ; (*b*) drainage should be improved ; (*c*) rats should be destroyed ; and (*d*) dogs should be excluded from slaughterhouses.

5. A licensing of slaughterhouses by the State boards of health and the employment of an assistant State veterinarian, whose sole or most important duty shall be a sanitary supervision of all places where animals are slaughtered for food, are necessary.

6. The appointment on every local board of health of a competent veterinarian, whose duty it shall be to control the class of meat placed upon the block, is urged. All meats should be inspected at the time of slaughter, thus securing for the local consumer the same guaranty that the National Government provides for the foreign consumer and for interstate trade.

7. The prohibiting of the raising of any kind of stock within the premises of slaughterhouses is advised, as are also State regulations to the effect that when a stock animal (horse, of course, excepted) once enters the premises of a slaughterhouse it must never be allowed to leave those grounds alive, but must be slaughtered within two weeks' time.

8. In justice to butchers and as a protection to the consumer, I strongly advocate the introduction of the German Freibank in connection with every municipal slaughterhouse.

---

The Air as a Medium for the Conveyance of Typhoid and Malarial Fever Germs.—Dr. Edward Anderson of Rockville, Maryland, says : After twenty-odd years of careful investigation, I am convinced that typhoid and malarial fevers, like pulmonary consumption, are generally, if not always, contracted through the medium of the air. Heretofore I have only observed the effect of the outdoor dust in causing these diseases, but this year my attention has been called to that within doors. On July 24 last, a young man was attacked by typhoid fever in Rockville, and moved five miles out in the country on the 27th of the same month. One month later an inmate of the house in the country contracted the disease in the same form that he had it, although there had not been a case in that neighborhood this season, nor has there been one since. A woman died in Rockville on the 25th of last August from typhoid fever in the diarrheal form who had not contracted the disease at the house where she died. On the 30th of the same month a family moved into the room in which the woman died, and on the 20th of October a member of this family was taken down with the disease under consideration. This family came from a place where there was no typhoid fever.

* * *

Pollution of the Potomac.— Pollution of the Potomac was the subject for discussion before the last meeting of the Geographical Society. Professor Arthur Davis of the Geological Survey presented a paper upon the sources of contamination of the river above Washington ; spreading of the foul sewage of Cumberland and the water from mines and waste from manufacturing establishments. The dam, a short distance below, that backs up the water for several miles, forms a pool which collects all the filth of that thickly populated region. He mentioned also that the towns all along the Shenandoah discharge their sewage in the stream. Dr. E. K. Sprague, in his paper, gave a history of the bacteriological work of the Marine Hospital. Since July 1 of this year semi-weekly examinations of the Potomac water have been made and the number of organisms found in the water vary from 150 to 20,000 to the drachm, an average of over 64,000 to the ordinary drink. Since August 18 intestinal bacteria were found in every sample.

## Society Reports.

### THE MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

MEETING OF NOVEMBER, 1897.

*Dr. Randolph M. Myers* read a paper on "Cramps as Affecting Stokers." During the time he was ship surgeon he never saw an American stoker; they were usually young men from all the large seaports of Europe. These men work from four to six hours in a high temperature with an interim equally as long. They are poor looking specimens of humanity, being thin and cadaverous, but very muscular. While on shore they indulge in all forms of dissipation and about the second day out they are suddenly seized with violent cramps in the muscles of the legs; they progress up the back and around the chest. They are often unconscious for from five minutes to two hours. The pulse is weak and thready and the skin hot. On coming out of an attack they have pain in the abdomen and constipation and are laid up for two or three days. These attacks are more common on the trip out from New York. The temperature has no effect, same in summer and winter. Some men seem exempt, but if they have one attack they will invariably have another. Treatment consists mostly of large doses of opium in some form, followed by castor oil and Epsom salts.

### MARYLAND PUBLIC HEALTH ASSOCIATION.

FIRST SEMI-ANNUAL MEETING HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

THURSDAY, NOVEMBER 18, 1897.

DAY SESSION.

After the reading of the paper on "Disinfectants" (see page 149) by Dr. Wm. Royal Stokes—

*Dr. W. B. D. Penniman* said that we should not forget that the germicidal action of these substances is not the only action. Take, for instance, the bichloride of mercury. Its effectiveness is soon lost in the presence of albuminous substances. He stated that he thought the formaldehyde apparatus was rather complicated and costly.

*Dr. Mitnick* thought that one of the best disinfectants was sunlight and our public schools should be so situated that the sun could have more access to the rooms.

*Dr. A. H. Stabler* related a case of typhoid fever in which he had used formalin with the utmost care, so that the disease was convalescing and no other disease occurred in the house or in the neighborhood.

*Dr. A. C. Abbott* said that the effect of bichloride of mercury was hardly worth mentioning.

This was further discussed by Dr. Stabler and Mr. Hartshorn.

*Dr. Ch. Wardell Stiles* of Washington, D. C., read a very interesting paper on "Some of the Dangers Arising from Slaughterhouses." (See page 145.)

*Dr. A. W. Clement* read a paper on "Some Prevalent Diseases of Domestic Animals in Maryland." (See page 163.)

*Dr. S. S. Maynard*, Frederick, read a paper on "Hog-Pens and Slaughter-Houses in Town."

*Dr. W. R. Stokes* demonstrated the microscopical specimens.

*Dr. A. H. Stabler* said that in discussing this subject the most important question was that of tuberculosis, as having the largest mortality. He does not agree with Dr. Clement and thinks that nothing short of a State law will have any effect. He related an instance of a man who openly bought diseased cows, and afterwards sold them and got good prices for them.

*Mr. Hartshorn* said that the sanitary inspection of cows in connection with disease was performed in rather a perfunctory manner in some parts of the State. He knows of an instance in which a herd in Montgomery county was passed by mere ocular inspection. The inspector said that the animals were all right, after having merely looked at them. In one case an inspector turned a large number of animals down. The owner sent for another inspector, who was not so strict, and most of the

cows were passed. Some animals look tuberculous, while others affected in the same manner pass the test, and therefore the mere ocular test is not sufficient. The tuberculin test should be used. There should be strict laws on this subject as well as in connection with rabid dogs.

*Mrs. C. E. Fendler* of New York, who was one of the orginators and at one time the president of the Women's Health Protection Association, which was founded in 1885, presented a very clear picture of what women can accomplish by steady persistence. She stated that they had succeeded in wiping out a large number of unsanitary slaughterhouses, and had compelled the butchers to unite in building a large abattoir, with cold storage rooms and with every facility for giving good, pure meat.

*Dr. L. Gibbons Smart* thought that good laws were more effective than good advice, and thought that it would be a wise thing if we would endeavor to influence our Legislature to pass the proper laws in connection with this subject.

*Dr. A. C. Abbott* said that a tuberculous cow did not always give tuberculous signs, and in certain work that he had done in Philadelphia he found that in a large number of animals that were undoubtedly tuberculous there was no sign of this bacillus found.

*Dr. John Ruhräh* spoke of the importance of the question under discussion and of the experience he had had with rabid dogs.

*Dr. Mitnick* stated that the laws of Baltimore were good, but were not strictly enforced. We had two inspectors and seven points of entry for milk. We needed five more inspectors to do the work fully. Political influence was necessary to pass the laws.

*Dr. Stiles*, in referring to the case of Dr. Stabler, stated that the owner in question was a philanthropist indeed, whose work should be encouraged.

*Dr. Clement* said that he would decidedly advocate the appointment of more inspectors and they should be properly paid. It would be economy in the end.

FRIDAY, NOVEMBER 19.

AFTERNOON SESSION AT 3 O'CLOCK.

*Dr. Wm. H. Welch* referred to the number of women present and invited them to take part in the discussions, stating that it was an advantage when all present were interested. He suggested that the discussions be postponed until the papers had all been read, as they were all on the same subject.

*Dr. W. Dulany Thomas* presented a paper which was read by Dr. Fulton, entitled "Sanitary Conditions of the Public Schools of Baltimore," in which he referred to his personal inspection and examination of the schools of Baltimore last year, and said that the want of proper sanitation far exceeded his expectations. In most cases the schools were overcrowded, and the buildings were in an unsanitary condition, the outhouses were in a most deplorable state, and it was not surprising that outbreaks of diphtheria, scarlatina, etc., frequently occurred. Dr. Thomas advocated the appointment of an inspector to devote his entire time to the public schools. It is to be regretted that the existence of these facts has made no impression on the School Board, and that they have paid no attention to the communications made to them.

*Dr. Samuel J. Fort*, Ellicott City, read a paper on "Observations on the Hygiene of the Public Schools of Howard County," which was much like the paper read by Dr. Thomas, in that he regretted the great defects of the schools and also the great lack of cleanliness in the fact that the desks are not washed from year to year. Many schools are overcrowded and the objection all along has been that there was not enough money to care for the schools.

*Mrs. Daniel Miller*, Chairman of the Committee appointed by the Good Government Section of the Arundell Club, to inspect the public schools of Baltimore, told of the work that she and her committee had done. The members examined 49 buildings. Of the 137 buildings now used, 103 are owned by the city and 34 are rented. In most of

the rented buildings there is great crowding and the outhouses are a great nuisance to health. The methods of lighting the rooms, provisions for the disposal of wraps, seating the children at the desks and the manner of relieving the thirst are all very faulty. Nowhere were found adjustable desks and no effort appears to have been made to adapt the size of the desk to the size of the child.

*Dr. Hiram Woods* read a paper on "School Life and Children's Eyesight," in which he told of the headaches and the pains produced by improperly facing desks, bad light and badly ventilated rooms. Another cause of these troubles was the curriculum. The subjects of everyday life and of general practicability should be taught from books printed in large, bold type. The children should have three hours' recreation, at least eight hours' sleep, and sufficient time to attend to the school duties properly. Many of the defects were permanent, such as nearsightedness. He showed some examples of adjustable desks, and repeated much of the work which he had published in a previous issue of the MARYLAND MEDICAL JOURNAL.

In the discussion of this subject, much interest was shown, and strong feelings were exhibited by the members of the School Board who were present, some of them stating that things were not as bad as had been represented and that many difficulties could be remedied if they only had more money. The various committees investigating this subject said that many of the faults could be remedied even though money was not available, and were sure that a much better state of things could be brought about with the present appropriation.

## Medical Progress.

TYPHOID FEVER AND DUST.— An interesting communication on the Pathogeny of Dust was made by MM. Kelsch and Simonin to the meeting of the Paris Académie de Médecine on October 5, and published in the *Lancet*. Their attention was directed to the matter by the occurrence of certain outbreaks in barracks at Bourg, not far from Mâcon, St. Dié and other places. In some introductory observations they report how a trooper, laid up with a sore heel, suffered from fatal general tuberculosis. A patient had died of tuberculous phthisis in the same ward a year earlier. A second trooper was laid up with a sore heel; tuberculous adenitis set in. Some inguinal glands were excised; he recovered, but phthisis developed a few months later, and he had to be discharged. In the summer of 1896, 18 cases of typhoid occurred in cavalry barracks in a small garrison town. The water supply was found pure; but it was ascertained that in the autumn of 1895, 3 cases of typhoid — 2 fatal — were laid up in the room where the more severe epidemic began nine months later. Those furthest from the beds and the room suffered least. Hence it was believed that the floor around the beds had been contaminated with feces. The flooring was taken up, the rooms disinfected, and no more typhoid appeared. A few months later 22 cases of typhoid occurred in barracks in a little southern French town; 6 proved fatal. The building was small, the rest of the town free from disease. This time some dust was carefully collected from the floor of the barracks and examined. Eberth's bacillus and the bacterium coli were discovered. About the same month typhoid broke out severely in two rooms only, in large barracks. The soldiers in the rest of the building remained perfectly exempt from fever. The water supply was absolutely free from specific germs. The dust in the two rooms was subjected to close scrutiny. This time the bacillus coli and Eberth's bacillus in every condition were found in abundance. A valuable report of the bacteriological analysis of the two samples of dust is given by Drs. Kelsch and Simonin. Taken as a whole the best preventive for rooms in barracks, schools and hospitals is tarring of the floors, each plank being tarred on both sides and on the edges. M. Laveran

contended, at the Academy, that this method is ineffective, though very general in French and Austrian barracks. The tar dries slowly, and often sticks to the boots, clothes, sheets and furniture and is thus removed from the floor. It also gives a very gloomy aspect to the dormitories. Hence the tarring has fallen into disuse in many barracks and scrubbing and the broom remain the sole agents for keeping the floors clean. Laveran, however, insists that brooms and dusters actually increase danger of disseminating disease. No doubt this fear is very reasonable, and an appliance for destroying the dust and the typhoid bacillus which it contains, at the same moment that it is dislodged by the broom or duster, is a desideratum. M. Laveran dreads chinks between planks, as they allow of a hotbed of germs under the floor. The microbes lie there latent for months, protected from oxidation in sunlight, and ready to be active directly they get blown upwards into the ward.

* * *

Dilemmas.—That a physician's lot is not always a happy one is perhaps shown in the following enumeration of what the *Charlotte Medical Journal* calls the pleasures of a doctor's life. If he visits a few of his clients when they are well, it is to get his dinner; if he does not do so, it is because he cares more for the fleece than the flock. If he goes to church regularly it is because he has nothing else to do; if he does not go, it is because he has no respect for the Sabbath or religion. If he speaks to a poor person, he keeps bad company; if he passes them by he is better than other folks. If he has a good carriage, he is extravagant; if he uses a poor one on the score of economy, he is deficient in necessary pride. If he entertains, it is to soft-soap the people to get their money; if he does not he is afraid of the expense. If his horse is fat, it is because he has nothing to do; if he is lean it is because he is not taken care of. If he drives fast, it is to make people believe somebody is very sick; if he drives slow, he has no interest in the welfare of his patients. If he dresses neatly, he is proud; if he does not, he is wanting in self-respect. If he works on the land, he is fit for nothing but a farmer; if he does not work it is because he is too lazy to do anything. If he talks much, "we don't want a doctor to tell everything he knows;" if he does not talk "we like to see a doctor social." If he says anything about politics, he had better let it alone; if he does not say anything about it, "we like to see a man show his colors." If he visits his patients every day, it is to run up a bill; if he does not, it is unjustifiable negligence. If he says anything about religion he is a hypocrite; if he does not he is an infidel. If he uses any of the popular remedies of the day, it is to cater to the whim and prejudices of the people to fill his pockets; if he does not use them, it is from professional selfishness. If he is in the habit of having counsel often, it is because he knows nothing; if he object to it on the ground that he understands his own business, "he is afraid of exposing his ignorance to his superiors."

* * *

The Treatment of Goiter.—Serafine (*Therapeutic Gazette*) states that treatment of goiter by thyroid gland is best adapted for the form known as struma parenchymatosa. Definite cure is rarely observed and only in young subjects. The results are satisfactory in sixty-three per cent. of cases, the goiter lessening in size. In thirty per cent. of the cases the treatment is absolutely valueless. When goiter has undergone secondary degenerations, such as colloid or cyst formation, the treatment is useless. The effect of treatment is manifested almost immediately, and the dry thyroidin is more potent than other forms of the gland. Thyroidin is not indicated in Basedow's disease, excepting at the very beginning of the affection when the symptoms are pronounced; not only is the treatment useless, but even dangerous. The therapeutic effects are transitory, hence the thyroid extract should be given from time to time.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, DECEMBER 18, 1897.

*Milk and Diphtheria.*

In attempting to stamp out diphtheria in Baltimore the local health board has many obstacles to meet. Not only do many cases occur which do not come under a physician's care but in far too many cases the physician does not report the cases. That the public schools play an important part in spreading this disease few doubt. The common drinking cup and pail of water give every opportunity for the spread of the organism.

In the *American Journal of the Medical Sciences* for December, Dr. W. T. Howard, Jr., of Western Reserve University, Cleveland, records the histor of any outbreak of diphtheria at Ashtabula, Ohio, which was clearly traced to a dairy farm on which one of the hands had had a bad sore throat.

While milk is blamed frequently for the spread of typhoid fever and scarlet fever, it is comparatively rare that an outbreak of diphtheria can be traced so quickly to one source of milk supply as Dr. Howard and the local health officer Dr. Hopkins did.

This only shows that while the Health Department of Baltimore is looking for the cause of diphtheria and trying to stamp it out, the milk supply of the city should not escape examination; and what is more important still, the city and State should unite on some bill to be presented to the next legislature by which not only the milk in Baltimore, but the dairies, however remote, supplying this milk, should be subject to rigid inspection and sanitary police control.

* * *

*The Country's Health.*

THE annual report of Surgeon-General Wyman of the Marine Hospital Service shows that during the past year, ending June 30, 1897, the country was comparatively free from epidemics as compared with some less civilized parts of the globe, but it also shows that many diseases gained too strong a foothold on the community, and again suggests the question whether the Marine Hospital Service can successfully compete with a large number of cases of communicable disease, or whether a department of public health could not more efficiently fight epidemics or perhaps prevent them.

Then there is the constant friction between the Marine Hospital Service and local boards of health. For as a consequence of the yellow fever in the South, one State board of health has been compelled to resign.

The official number of cases of yellow fever reported in the Southern States during the recent epidemic, up to November 10, was 4198, with 423 deaths, and of these 1722 cases and 244 deaths were from New Orleans, and in spite of the elaborate safeguard and precautions with shot-gun quarantine and the commingling of suspects and healthy persons the disease continued until frost came.

In this connection it is interesting to note that last week Senator Caffery of Louisiana introduced a bill in Congress for a revision of the quarantine laws, the distinctive feature of which is the placing of the quarantine regulations exclusively in the hands of the national authorities.

If all those supposed to be interested in the sanitary condition of this country would forget their petty jealousies and personal ambitions and work for the prevention and extinction of disease, perhaps more would be accomplished.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 11, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 12 |
| Phthisis Pulmonalis | | 20 |
| Measles | 15 | |
| Whooping Cough | 14 | 2 |
| Pseudo-membranous Croup and Diphtheria. | 116 | 17 |
| Mumps | | |
| Scarlet fever | 20 | 2 |
| Varioloid | | |
| Varicella | 2 | |
| Typhoid fever | 8 | 3 |

New York has a new hospital for scarlet fever and diphtheria.

Dr. George B. Reynolds has removed to 809 North Charles Street, Baltimore.

The Health Department of Baltimore has again had trouble with a faith curist.

Nine physicians in New Britain, Connecticut, were fined for not making birth returns.

Dr. D. T. Rowland, a physician near Petersburg, Virginia, who accidentally shot himself recently, died last week.

The Baltimore Gynecological and Obstetrical Society now invites the profession generally to attend its meetings.

Dr. J. Frank Crouch has taken an office at 412 Cathedral Street and limits his practice to diseases of the eye and ear.

Pocomoke City, Maryland, has held a public meeting to declare for pure drinking water and a good system of drainage.

Surgeon-General Wyman has undertaken a post-epidemic disinfection of those districts where yellow fever was prevalent.

Dr. Purnell F. Sappington, Health Officer of Baltimore County, is doing excellent work in fighting contagion in the public schools of his county.

The "Right Lungs" and the "Left Lungs" are the names of two quoit teams organized among the consumptive patients of the Cincinnati Branch Hospital.

Dr. Charles A. Quinlan, a pioneer of Chicago and one of the founders of Lake Forest University, died at his home, aged 76.

The publisher and editor of a medical journal which has a branch office in Washington is being sued by one of the many makers of antitoxine for alleged misrepresentation.

Maryland pharmacists want a law requiring that none but competent and skilful persons be permitted to compound prescriptions. With the better class of pharmacies such a law is unnecessary.

A bill will be presented at the meeting of the Maryland Legislature to enable the Sheppard Asylum to change its name and secure the large legacy left it by the late Enoch Pratt. There is a possibility of some opposition coming from the heirs.

At the next meeting of the University of Maryland Medical Society, on Tuesday, December 21, at 8 P. M., Dr. Charles P. Noble of Philadelphia, an alumnus of the University, will deliver an address on "The Present Status and Tendencies of Gynecology."

The annual meeting of the State Board of Health was held last week. The matters to be brought before the Legislature relate to vital statistics, local Board of Health, registration of midwives, pollution of water supplies, inspection of milk and a State bacteriological laboratory. Dr. Fulton's report is a summary of his monthly reports; the reports of the chemist on water, milk, vinegar, beer and food supplies, and the increase in typhoid fever. It contains the full proceedings of the two meetings held by the Maryland Public Health Association and other papers.

The death is announced in London of Dr. Campbell Morfit, a distinguished American chemist. Dr. Morfit was born in Missouri in 1830. In 1851 he offered to establish at his own expense a school of applied chemistry in connection with the University of Maryland, at a cost of $10,000. The Faculty felt obliged to decline this liberal offer, but conferred the honorary degree of M. D. on him in 1853 and from 1854 to 1858 he was Professor of Chemistry in that institution. In 1861 he went to London. He was the author of many valuable treatises. He leaves a brother, Dr. Charles M. Morfit, and a nephew, Dr. John C. Morfit, who has recently removed from Baltimore to Chicago.

## WASHINGTON NOTES.

During the past week there were two deaths from typhoid, one from diphtheria and fourteen from pneumonia. There were fifty-two cases of diphtheria and twenty-nine of scarlet fever under treatment.

*

The District Society and Association are giving considerable attention to a plan for the establishment of a milk laboratory for the city.

*

A plan for furnishing sanitary homes for the poor is undertaken by the central relief committee. Several houses built as an experiment have proven a success. Surgeon-General Sternberg at a recent meeting submitted a valuable report.

*

President McKinley in his message speaks of the defects in the quarantine laws and agrees with the treasurer's report that that department should be empowered to take action to protect the people and commerce from the invasion of epidemic diseases. He furthermore recommends the appointment of four bacteriologists who shall thoroughly investigate the yellow fever epidemic and bring about such sanitary and other measures as are needed to prevent the disease.

## Book Reviews.

System of Diseases of the Eye. Norris and Oliver. Vol. II. J. B. Lippincott Company, Philadelphia.

The high standard of Volume I of this system is fully maintained in the present number. The subjects treated and the authors are: Methods of Determining the Acuity of Vision, by Herman Snellen of Utrecht; Mydriatics and Myotics, by the younger Snellen; Lateral Illumination, etc., by Prof. Laquer of Strasburg; The Ophthalmoscope and the Art of Ophthalmoscopy, by George M. Gould of Philadelphia; Skiascopy, by Edward Jackson of Philadelphia; Ophthalmometry and its Clinical Applications, by Adolphe Javal of Paris; Estimation of the Balance of the Extra-Ocular Muscles, by George T. Stevens of New York; Perimetry and its Clinical Value, by Herman Wilbrand of Hamburg; Detection of Color Blindness, by William Thompson of Philadelphia; School Hygiene, by S. D. Risley of Philadelphia; Blindness; Its Frequency, Causes and Prevention, by I. Minis Hays of Philadelphia; Antisepsis, by Joseph A. Andrews of New York; and The Micro-Organisms of the Conjunctiva and Lachrymal Sac, by Joseph McFarland of Philadelphia.

The selection of the authors reflects the highest credit on the discrimination of the editors. All of them are recognized experts upon their subjects. Of most general interest, we think, is the chapter by Dr. Risley upon School Hygiene. The author shows in his usually convincing style the relation between uncorrected astigmatism and progressive myopia. From this connection he argues for systematic examination of school children's eyes. The best possible school hygiene, he thinks, will not prevent trouble if refractive error is neglected. The evils of incorrect seating, badly adapted desks, insufficient and improper methods of lighting rooms, are explained and reforms urged. The interest the subject of school management is now exciting makes Dr. Risley's article of importance. Dr. Stevens explains clearly his methods for determining muscular balance. It has seemed to us that such reliance as the inventor places on the findings of the phorometer and conclusions deduced therefrom are not to be accepted implicitly. The importance of determining the muscular balance, now generally admitted, has been established more through the work of Dr. Stevens than of any other investigator. To him belongs the credit of putting the subject on a modern scientific basis; but the clinical significance of the findings from his instruments is another matter. Upon this, it must be admitted, there is still a great divergence of opinion.

Perimetry has long been recognized as of great importance. Its field has become broader of late years as the importance of eye symptoms in general diseases has been generally acknowledged. Professor Wilbrand's article is most instructive in this line. Dr. Andrews reviews briefly the various views upon Antisepsis in Eye Surgery. The possibility of making the conjunctival sac absolutely sterile is extremely doubtful. Statistics concerning the value of antisepsis to the eye tissues do not make their value clear beyond peradventure. The author mentions intra-ocular antisepsis "only to condemn it." Stress is laid upon the non-introduction of pyogenic organisms into the

wound. Cleaning and sterilization of the instruments, cotton, gauze, bandage, hands of operator and assistants are urged. Danger lies mostly from the operator. Taken as a whole, this volume is an admirable exponent of the practice of ophthalmology today.

THE MEDICAL NEWS VISITING LIST FOR 1898. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 60 patients weekly per year.) The first three styles contain 32 pages of data and 160 pages of blanks. The 60 patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather. $1.25. Philadelphia and New York: Lea Brothers & Co.

Visiting lists appear each year and are indispensable to the physician even with a small practice, as they keep an exact record of visits paid and services rendered and serve as valuable witnesses when bills are disputed.

The Medical News List is a good example of a physician's companion. It is well bound and with thumb index may be conveniently consulted. There is a tendency to cram too much printed matter in a book, thus making it rather bulky for the ordinary pocket, and most of the books of this kind are alike in having rather flimsily made pockets; the pencil and erasing rubber never disappoint. There are no apparent changes from the edition of 1897.

THE *Daily Lancet* is no longer published.

## REPRINTS, ETC., RECEIVED.

A New Method of Suturing the Abdominal Walls in Celiotomy. By C. P. Noble, M. D. Reprint from the *American Journal of Obstetrics*.

Some Further Observations Concerning Movable Kidney. By Charles P. Noble, M. D. Reprint from the *American Journal of Obstetrics*.

A Clinical Report on the Course of Pregnancy and Labor as Influenced by Suspensio Uteri. By C. P. Noble, M. D. Reprint from the *American Gynecological and Obstetrical Journal*.

Vaginal Incision and Drainage of Suppurating Hematoceles due to Ectopic Gestation. By Charles P. Noble, M. D. Reprint from the *American Gynecological and Obstetrical Journal*.

# Current Editorial Comment.

## TRADE IN MEDICINE.

*Medical News.*

THAT the trade idea in medicine is abroad in the land, or that advertising and unprofessional methods are resorted to by many men — even members of reputable medical societies — or, finally, that the old spirit which gave the older physicians and their profession so high a place in the community is dying, if not already dead, we suppose will hardly be denied.

## AS DIRECTED.

*Southern California Practitioner.*

THE best memory is fallible, and with the increase of patients, and the multiplicity of incidental demands, the duplication of prescriptions, and a brief record of all cases demanding more than incidental and transient attention, are well nigh necessities. Give no superfluous directions; insist on obedience to the letter. When practicable make them in writing as well as verbally, and be sure of a perfect correspondence.

## SPECIALISM.

*Pennsylvania Medical Journal.*

ONE of the strongest evidences of superior knowledge and intelligence in any one person is his recognition of the limitations which confront individuals in their search after truth. The best informed person not only knows much, but knows also that there are many things he does not know and that he cannot possibly acquire within the natural period of man's life. He is content, therefore, with a limited sphere of activity, in which he may hope to attain to a position of expertness and authority.

## NEGRO DEGENERATION.

*Medical Record.*

VITAL statistics of nearly three hundred towns in the Southern States show that the death rate of negroes is double that of whites in the same communities, and not only this, but the birth rate is also smaller among the colored than among the white population. Furthermore, the day of the stalwart negro is passing, if not already gone, and the members of the younger generation of the race make a poor showing, as regards their size and physical constitution, when compared with their grandfathers and grandmothers.

## PROGRESS IN MEDICAL SCIENCE.

THERE are thousands of conscientious, upright, honorable pharmacists who would no more think of substituting than they would of trying to pass a counterfeit bill. Some of these are located in your city. Patronize them exclusively.

---

NOVEMBER 8, 1897.

TO JOHN B. DANIEL.

*My Dear Sir:*—Your sample of Passiflora in its effects is found to justify all the praise you bestow upon it. Please send me by United States Express, one pint bottle of Passiflora Koko-Kola. Inclosed find Post Office money order. Respectfully, F. A. BENHAM, M. D., Elkhart, Ind.

---

THE usefulness of good hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement in this number. "Robinson's Hypophosphites," also "Robinson's Hypophosphites with Wild Cherry Bark" (this is a new combination and will be found very valuable) are elegant and uniformly active preparations; the presence in them of quinine, strychnine, iron, etc., adding highly to their tonic value.

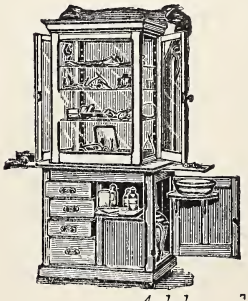
---

THE medical profession often find their best efforts to cure thwarted by the patient's persistent use of improper food. This is notably the case in dyspepsia and its attendant evils, arising from an acid condition of the system, as flatulence, water brash, constipation, rheumatism, gout, etc., which are greatly aggravated by the use of starchy foods. Bread, though called the "staff of life," often proves worse than a "broken reed," because of the starch it contains, which is the fermenting principle in wheat, corn, oats, rye, etc. The "Gluten Dyspepsia Flour" made by Farwell & Rhines, Watertown, N. Y., is absolutely free from bran particles which abound in graham and many coarse flours, and as nearly free from starch as it is practicable to make a flour which one can live and thrive upon. Write Farwell & Rhines for pamphlet giving particulars regarding this and their other reliable sanitary flours for diabetes, Bright's disease, obesity, etc.

DR. N. S. DAVIS, JR., Chicago (*Medical Standard*, October, 1897), reports the results of extensive employment of a new intestinal antiseptic, especially in chronic enteritis. The new compound is Eudoxine, a combination of iodine and bismuth, the exact chemical nature of which is indicated by its chemical name; it is the bismuth salt of tetra-iodo-phenolphtalein (nosophen) and contains 52.9 per cent. of iodine. The iodine is, however, not free, but acts in unchanged chemical combination with phenolphtalein, wherefore it is non-toxic and non-irritant. Eudoxine is tasteless and odorless and can be taken in large quantities without producing any disturbance of the system. It passes through the stomach without change, but when it reaches the alkaline juices of the intestines it is split into bismuth oxide and sodium tetra-iodo-phenolphtalein (antinosine); the latter is a soluble compound and secures complete disinfection of the intestines, as it passes through the intestinal coats by way of the absorbents and, according to Binz & Zuntz, is again secreted into the intestinal lumen, wherefore nothing of the intended effect is lost. Dr. Davis has employed the drug in a large number and in a great variety of cases and finds that it checks intestinal fermentation more certainly and more promptly than any of the other intestinal antiseptics which he has used, excepting naphthol. As it is more agreeable to take and apparently entirely harmless, he finds it to be of the two drugs the most eligible. Especially is it eligible for the treatment of children. The dose for adults in cases of ordinary fermentation is three to five grains four times daily.

---


***FOR SALE AT A BARGAIN.***



*A $75 Allison Cabinet, manufactured by the W. D. Allison Manufacturing Co. of Indianapolis, in perfect order; will be sold very cheap. Address M. M., Care Maryland Medical Journal.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—NO. 11. BALTIMORE, DECEMBER 25, 1897. WHOLE NO. 874

## Original Articles.

# A CASE OF PROBABLE GONORRHEAL ENDOCARDITIS WHICH DEVELOPED IN A HEART CONTAINING AN OLD MITRAL INSUFFICIENCY.

*By Charles O'Donovan, M. D.,*
Baltimore.

P. A., WHITE, aged 24, consulted me in August, 1887, for gonorrhea. It was his first attack, but was not very severe; still it gave him a great deal of inconvenience. He had never been very robust, although full of energy and ambition, but he was now compelled to restrain himself in many ways.

As a boy he had always been healthy, but thin and inclined to be delicate, but rarely ill. Five years before he had had a very severe attack of typhoid fever which kept him in bed for ten weeks, but from which he finally recovered without any sequelae. Though never robust, he lived a great deal in the open air, especially in the spring and summer months, when he spent most of his time out of doors riding and driving. He would often overtax his strength in this way, and was not at all careful about exposing himself to inclement weather. Except for these physical exercises and fatigue he did not otherwise abuse himself; he never used tobacco, nor did he drink at all. He was very moderate in sexual indulgence. He had never had syphilis, or any rheumatic symptoms.

In the summer of 1885, he was thrown out of a runaway carriage and badly stunned and bruised, although his injury, at the time, seemed only trifling; soon after this, however, a mitral regurgitant murmur of moderate loudness was discovered, which I always attributed to some injury at the time of the accident. Inasmuch as he was extremely careless about his health it was thought best not to conceal this defect from him, and he was told of it and warned of the necessity of at least a moderate amount of care of his health. He was somewhat less reckless afterward, but worked very hard at his business, which confined him closely to a counting room in a dark and very damp store.

The following winter he contracted a severe bronchitis which stuck to him for several months and caused me no little anxiety. He would take no rest from his business, nor would he be careful about himself in any way during the illness; his cough at night was very distressing, and he developed a dull spot at the apex of one lung, with some few moist rales; his appetite was very poor; he had but little expectoration and that only of a catarrhal nature. As spring came on and he was able to drive more in the country he improved

and grew gradually out of his bronchitis. His heart, however, never lost the murmur, which had become permanent.

He continued to improve and was as well as ever until he was unfortunate enough to contract gonorrhea in the summer of 1887, his heart being always the same, with the mitral regurgitation well defined and permanent. Little attention was given to the urethritis; he was put upon balsam of copaiba at first, and after the acute attack he was given an astringent injection and the inflammation subsided nicely, but left him quite thin and much run down, depressed more in spirit than might have been expected. He fought against the depression very much, keeping hard at his work and taking a great deal of exercise after work hours, losing altogether too much sleep. Late in October he took another severe cold, which proved very stubborn, with a hard bronchial cough that caused him to lose much rest and fretted him extremely by its persistence. He had good treatment by tonics and iron, and local sprays and applications to the throat and pharynx for certain catarrhal symptoms that accompanied the bronchitis, but it continued to be troublesome, until late in November, when he gave up his work and put himself regularly under treatment. Meanwhile he was losing ground otherwise, growing thinner and weaker, but chiefly showing an intense anemia.

After leaving work his cough grew better and practically disappeared. He spent much time in driving in good weather and in trying to keep in the open air as much as possible. His appetite kept pretty fair and he seemed to be getting on quite well until in January, 1888, when he began to have slight chills at irregular intervals, followed by fevers of varying intensity, and this developed intense prostration and lassitude. At the same time, active endocardial inflammation was made out. He suffered no pain whatever and complained only of excessive weakness, being unable to understand how he could be so weak without suffering and unwilling to believe that he was really ill. However, he was not long in doubt, for about the middle of January he began to have a regular chill every day at about the same hour. He had been put to bed as soon as his endocarditis had disclosed itself and given quinine in the usual doses; for his very intense and increasing anemia he was given iron in full doses.

In spite of everything that could be done he grew worse, until, at the end of January, instead of one, he had two, severe chills every day, followed by a very high fever and a sweat, his temperature going always over 104° and sometimes over 105°; his chill usually lasted half an hour in spite of hot bottles, blankets and hot whiskey punches in full quantity. The picture of septic endocarditis was perfect; the wonder was that he had no suffering at all; between the time of his paroxysms he would rest quietly in bed, very weak and apprehensive of the return of the rigor, but with no complaint of any suffering. His anemia grew profound, the heart churning became more and more marked, hiccough lasted for hours at a time, distressing to witness, but seeming to cause little suffering; nausea and vomiting, with distaste for food, and rapid depreciation occurred and he died exhausted early in February. He was conscious to within an hour of his death and even then only complained of excessive weakness. No post-mortem examination was attainable. The cause of death was, however, only too evident.

The treatment of the case was symptomatic throughout. At no time was serious danger anticipated until the septic infection showed itself by the onset and continuance of the violent chills. Before that time he had been nourished very freely, had been given iron in good doses over a long time, but with evidently no result, as his anemia increased uninterruptedly; as long as the weather was clement, until the middle of December, he was advised to be out in the country as much as possible and his food was as good as could be obtained.

In spite of hygienic and dietetic, as well as tonic and chalybeate, treatment, he failed progressively. When it became evident that endocarditis was de-

veloping he was put to bed and nursed very carefully. Quinine and aconite were mainly relied upon, with rest of mind and body. All business cares were laid aside and everything was done to compose and quiet him. When the septic chills developed, large doses of quinine were used, producing very low temperature after defervescence, the thermometer once going to 96°, but no effect whatever on the regular recurrence of the rigors. From first to last the slow but sure course of the disease was not interrupted in any appreciable way by any treatment whatever. I regret extremely that cultures could not be made from any of his organs, but I have not the slightest doubt that gonococci would have been found. The history was too clear and pointed too directly in but one direction. Especially when one compares this case with the histories of proven gonorrheal endocarditis, the picture is complete.

As far as I know, it is the first case reported of a gonorrheal infection engrafted on an antecedent organic valvular lesion and as such deserves special mention, teaching us to be very careful of our prognosis of gonorrhea occurring in persons who have already organic heart lesions ; and making the treatment very important. Such cases should be cured as promptly as possible and watched for several weeks after apparent cure. I consider gonorrhea a serious affair under any circumstances, but occurring in an individual having a valvular lesion already, I should look upon it as of the gravest moment. The urethritis must be cured promptly, but at every visit the heart should be carefully examined and the slightest change in its sounds noted ; upon any evidence, however slight, of endocardial inflammation the patient should at once be put to bed and kept there ; perfect tranquility of mind and rest of body should be insisted upon ; counter-irritation by mustard or iodine should be applied over the heart and internally quinine should be freely given, with aconite and sufficient morphia or other anodyne to control mental anxiety or bodily unrest; elevation of temperature should be reduced by sponging or by antipyretics, carefully administered for this distinct purpose and not used indiscriminately. This may seem to savor somewhat of the alarmist, but I believe that this condition is sufficient ground for very considerable alarm.

I feel that the more this disease is studied the greater should be the anxiety to have its course stopped at the very beginning. I feel sure that it is a complication of gonorrhea not sufficiently recognized at present ; that many cases of it run through their course and die with very different names, all equally misleading, but none giving a hint of the true disease that has killed the patient. I believe, moreover, that the disease, fatal as it is apt to be if allowed to run on unrecognized, is curable in its early stages, before the system becomes so generally septic that nothing avails against the increasing intoxication, but that every day lost through a faulty diagnosis makes an immense difference in the ultimate result of the case. At best it will be a hard struggle ; just as the so-called gonorrheal rheumatism produces a synovitis of very protracted course and of great difficulty to relieve, so the same infection, attacking the endocardium, produces an equally stubborn infection there, with this difference in the relative seriousness of the two cases ; that the heart infection is so situated that at every contraction infected emboli are liable to be distributed throughout the various organs with infinitely greater readiness than from an equally infected joint. Once firmly intrenched in the endocardium, it requires but time for the development and distribution of the gonococcus throughout the organism and for the resulting septicemia to run its fatal course.

---

Typhoid and Dust.—"There is no doubt in my mind," says Dr. Edward Anderson, "that rooms which have been occupied by typhoid and malarial patients should be thoroughly scoured and disinfected, and that the streets of towns and cities should be kept constantly wet by sprinkling."

# NEURASTHENIA.

*By Francis B. Bishop, M. D.,*

Director of Electro-Therapeutic Clinic, Eastern Dispensary, Ex-President Medical and Surgical Society, D. C., Ex-Vice-President American Electro-Therapeutic Association.

READ BEFORE THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, NOVEMRER 24, 1897.

FROM various causes affecting the higher nerve centers, the disease known as neurasthenia, or nerve exhaustion, may result, giving expresson to an unlimited number of symptoms, physical and mental, which may simulate one or more of the very serious organic diseases. It is my purpose to report a few of such cases tonight, some of which are not unfamiliar to two or three of the members of this society.

The first case is, according to Dr. Beard's classification, one of sexual neurasthenia, and is very interesting from the fact that his general mental condition was such that, legally, he would have been considered thoroughly responsible for his actions, as he was, naturally, an intelligent man and confided in no one but his physician, as to the terrible obsessions that almost took possession of him, from time to time, in the form of a sudden impulse to kill his own child. The case is, briefly, as follows :

A young gentleman of twenty-eight, presenting the appearance of one in fairly good health, addicted to masturbation in early youth, was married shortly before consulting me. He used tobacco freely, and gave a history of excessive indulgence in sexual intercourse. He complained of dizziness during the day, a twitching of the muscles of the extremities at night, which would come on just as he was dropping off to sleep ; he would awaken with the most violent palpitation of the heart. These conditions would frequently keep up during the better part of the night, almost exhausting the patient before morning, and rendering him quite useless for his daily work. By abstaining from his excesses, and by the use of the galvanic, faradic and static electricity, he soon recovered.

Eighteen months later, he called upon me again, stating that since he had seen me, he had become the father of a baby boy, which was, at that time, about one year old. His old excesses gradually returned and with them his old symptoms to an exaggerated degree. While sitting quietly in the midst of his little family, he would be suddenly impelled by a diabolical impulse to murder his own little baby. The sight of a knife or any sharp instrument would suggest the idea, then the morbid impulse would urge him to carry out the suggestion. It was only by the most extraordinary exercise of the will that he would force himself to leave the presence of the child to keep from yielding. There were no hallucinations in this case, nor delusions, but impulse closely approaching those of insanity, but his powers of reasoning and of the will were mercifully spared, and thus was averted the most horrible infanticide, followed, perhaps, by suicide. Abstinence from excesses, tonics, baths and electricity completely restored this gentleman and now a period of ten years has elapsed ; there are several children in the family, and there has never been the slightest suspicion of a return of his trouble.

The second case is interesting from the fact that this gentleman was the subject of hallucinations of hearing, accompanied by suicidal impulses. The case was as follows : A gentleman of intelligence, forty-two years of age, of fine physique, standing full six feet, had indulged excessively in sexual intercourse before marriage ; since his marriage, which occurred about fifteen years before consulting me, his excesses have continued. He began to suffer about two years after he was married ; at that time, he was a perfect giant, weighing 210 pounds ; from this, he was reduced to 160 pounds, pale and haggard in appearance, obstinately con-

stipated, soreness upon pressure over the entire abdomen, frequent desire to urinate, soreness in prostatic urethra, headache and constant aching in the back, weakness in the legs, with absence of patella reflex on both sides; could not stand with both feet together with eyes closed; memory was poor, he could not concentrate his mind upon his business; he was losing confidence in his business ability, had poor appetite and had bad digestion; insomnia was a marked feature; his thoughts were constantly on himself; he was often very despondent, and frequently threatened to end his misery by suicide; he claimed that voices, at times, whispered to him, especially when shaving, to cut his throat; he believed that he had cancer of the bowels, locomotor ataxia, etc., and that he was becoming insane. I could easily explain away his fears; the hallucinations, delusions and morbid impulses were never considered by him anything but subjective phenomena, arising from his exhausted state, his reason holding him on the safe side of the borderland of insanity.

The local symptoms were weeping penis, emissions during defecation and without erections, sweating testicles, sweating hands, very irritable urethra which caused extreme prostration if the sound was passed for an inch beyond the meatus. Twelve years have passed since I first met this gentleman, and he is now well, and has been for the last five or six years. His treatment was by tonics and electricity, and abstaining from sexual intercourse.

Here we have two cases. One with homicidal impulses, and the other with delusions, hallucinations and suicidal impulses. Both of these gentlemen were splendid business men, and while it required the most extraordinary effort upon their parts to perform their daily duties, yet they were performed in a most satisfactory manner.

It seems a hard matter for the lay and legal mind to grasp the fact that a man may be so mentally deranged as to kill himself or someone else, whom his morbid impulse or insane hallucinations may suggest, and that the dreadful deed may be the first evidence manifested as to the patient's real condition. If a homicide has been committed, and the poor unfortunate's attorney puts in a plea of insanity, the doctors who have known him best, and are familiar with his past history, are willing to testify that such an act could proceed only from insanity. Other experts and many from the rank and file of the profession are willing, from a few examinations of the patient in his cell, to go upon the witness stand and swear that the man is not insane. Expert medical testimony has a tendency rather to confuse than enlighten a jury, and causes a smile of derision instead of the respect that it should deserve.

The next case has been published in an article read in Boston before the American Electro-Therapeutic Association, under the title, "The Static Cage, and its Uses." This case was directed to my care through the kindness of Dr. C. M. Hammett of this city. She was the wife of a physician, and four years ago, while riding a young horse near her home, in New York State, was thrown, and received the full force of the fall upon her back. Paralytic symptoms soon followed, with intense pain and irritation of the spine. She remained in bed for the better part of three years. Cerebral, as well as spinal exhaustion, developed. She was eventually taken out and put into a Meig's suspension chair and she improved slightly, so that she could, by the aid of the chair, move about the house.

One morning, she saw lying upon the table a copy of a daily paper and at the head of a column, in glaring type, the word, "Beheaded." This headline pursued her constantly, and wherever she turned, her eyes opened or closed, there appeared that headline in large, black letters. After a little while this obsession assumed form and a headless human body or a bleeding head would present itself constantly to her mental vision. Finally, the headless body of her own baby seemed always before her. In this weakened condition of body and mind, she visited relatives in Washington, and it was at this time that Dr. Hammett

saw her and advised her husband to consult me. I found a lateral curvature involving the three lower dorsal and two or three upper lumbar vertebrae, an exaggeration of all the reflexes, great tenderness over the lumbar and dorsal spine. She was brought to my office every day, and treated for a half hour in the static cage by the ozone bath. The tinsel brushes were so arranged that they sifted the current right out upon her back; she seemed never to tire of this treatment. She was under my care about two months, during which time she greatly improved in body and mind and absolutely refused to leave Washington and return home until her husband had ordered a static machine and had constructed a static cage; she insisted upon his attending my office every day, to see how the cage was used. I have received a number of letters from this lady, each one more intense in its praise of the static cage, as her health has steadily improved.

Dr. Franzoni has sent me a number of interesting cases, but one in particular was interesting from the fact that this lady had been treated by a number of physicians who gave various names to her complaint, viz: malaria, change of life, hysteria, spinal irritation, etc. Dr. Franzoni seemed to strike at once the nature of the malady, and she improved under his treatment wonderfully; when he discovered that medicine seemed powerless to improve her condition further, she was sent to me for electrical treatment. Under this treatment, the static cage and galvanism, with the assistance of medication from Dr. Franzoni, she has improved steadily.

The principal obsession with her was that she could not see a funeral procession pass without the most intense physical and mental depression. She had an irritable spine and lightness of the head, pain in the spine and head, inability to take exercise, etc. This condition was produced by a severe mental shock in the following manner: On returning one summer afternoon to her suburban home, she heard scream after scream proceeding from her house. Just at this time a neighbor ran out and exclaimed, "Oh, Mrs.——, your girl is burned up." The poor woman had but one thought, that of her only daughter; as she was hurrying on, the form of a girl in full blaze ran out of the house and fell in the yard; her husband rushed to the rescue, and when the flames were extinguished, discovered the form of their dying servant. This was several years ago, and this lady is just slowly recovering from that shock.

Now why should shock produce such a lasting effect? We know that it often kills, but when the patient's life is spared, it would seem that unless some damage were done to the central structures, he would quickly recover, and with many this is the case, but with a very sensitive subject, the case is quite different; especially if there is an unstable condition of the higher nerve centers a severe shock is all that is necessary to disturb their equilibrium, and disorder their healthy and harmonious action, rendering them incoördinate, and after the shock has subsided, they are powerless of themselves to resume healthy action. The gentle galvanic current passed through these centers aid them to return to physiological action.

The ozone bath necessitates the inhaling of pure oxygen, which permeates every tissue, feeding the impoverished blood corpuscles, and supplies food and strength to the psychic, motor and sensory centers. This is a theory, Mr. President, but the success that has followed this treatment helps to sustain this hypothesis.

---

New Sources and Vehicles of Malarial Infection.—Dr. S. Pulverenti of Naples announces in the *Journal of the American Medical Association* that he has established the fact that malaria can be transmitted by the dust of cereals, especially wheat, and by the dust of textile plants, flax, hemp, etc., even for years after they have been macerated.

# THE TOXINE OF SYPHILIS.

*By Henry Alfred Robbins, M. D.,*
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, APRIL 3, 1897.

FOURTEENTH PAPER.

TODAY we will call your attention to the toxine of syphilis. It is generally admitted that the virus of syphilis depends upon an organism, and that after it has gained entrance into the body, it increases indefinitely. The cutting out or destroying the point of inoculation does not prevent the spread of the disease. It has been absorbed by the lymphatics and then through the blood is distributed to every tissue of the body. As in other diseases caused by bacteria, such as septicemia, certain symptoms occur, showing that the entire system is poisoned. This poison is the product of bacteria.

Dr. Green, in his book on " Pathology and Morbid Anatomy, 1895, " writes: " Albumoses are common intermediate products in the sequence of bacterial reactions. In some cases they are the most virulent of all the resulting compounds. This is so in diphtheria and in snake poison. In anthrax and cholera, on the other hand, they are comparatively of slight importance. Among the varied products of bacterial growth are a large number of alkaloid substances; some of these are harmless, but some are poisonous. The latter are known as toxines. Examples of both these varieties may be found in putrefying meat, fish and cheese. They can be easily separated and their nature investigated. The virulence of both anthrax and cholera is due to the formation of toxines."

The toxine of syphilis varies in virulency according to the soil in which it is implanted. Some have the disease so mildly as to recover without treatment. Others having acquired the disease from the same source, are poisoned in the most malignant manner, and go from bad to worse, in spite of the most approved treatment.

The diagnosis of syphilis having been made, the patient can be assured that the long continued and intermittent administration of drugs will prevent the formation, or destroy and eliminate from the system the toxine or poison of syphilis.

There is no antitoxine for the syphilitic poison. The man who indulges his licentious passions and breaks the Seventh Commandment must take the risks. The disciples of Auzias Turenne thought that " syphilization " would do for the great- what vaccination did for the smallpox. That it would make them immune. I have told you that their hopes were blasted. So it will be with the antitoxine treatment, for the reason that all animals are already immune, rendering it impossible to procure the antitoxine through them. Very numerous efforts have been made to impart syphilis to the brute creation.

Dr. Rebatel, in the *Lyons Medical Journal*, January 8, 1882, gives an interesting account of how he recently had been making a series of experiments on animals, with a view to test anew the question, whether or not they are susceptible to any of the several venereal diseases of mankind. His subjects were dogs, rabbits and guinea-pigs. No trace of consecutive inflammation was ever seen. Another series of experiments was performed with material from a soft chancre; the results were negative, as in the former case. Finally he took two hard chancres, that had been removed in the operation of circumcision; then making slits in the inguinal folds of a bitch, he inserted them, sewing up the openings. No symptoms of infection followed. Into the jugular vein of a dog, he next injected one hundred and fifty grammes of defibrinated blood, taken from a patient in the full

tide of secondary syphilis. No ill-symptoms followed, but in due course of time these two animals contributed mutully to the production of a litter of puppies, twelve in number. Nor did these young manifest any congenital disease, or in fact anything but the most exuberant health.

In 1883, my friend and former professor, Dr. Isidor Neumann of Vienna, made a number of attempts to inoculate animals with syphilis, but without success. In no case did any results follow other than those which would naturally appear on introduction of an irritating material into the tissues. Neumann concluded from these experiments that we must regard syphilis as distinctly a disease of man.

These experiments were made on animals long before the antitoxine treatment was thought of. We knew that measles, or scarlet fever, or smallpox, as a rule, occurred but once.

Edward Jenner was the first to carry out the idea of making human beings immune from the smallpox by means of vaccination. Pasteur was the first to experiment on animals resulting in the discovery of the antitoxine for hydrophobia. You will say, as animals are immune to syphilis, then their serum is already antitoxine to the poison of syphilis. Why not use that? It has been tried. I will relate the experiments of various syphilographers, as reported by Mueller-Kannberg in the *Archives for Dermatologie and Syphilologie*, 1896.

Kollman, in 1890, was the first to make use of the serum of animals in syphilis. In 1892 Tomasoli recorded a brilliant success in six cases of recent syphilis, treated by the injection of lamb's serum. Hericourt and Richel have recorded favorable results, while others have been totally unsuccessful.

Experiments were made on twelve patients at Lewis' clinic in the Charité at Berlin, and the results are described in Mueller-Kannberg's paper. The serum was obtained from horses, a source that had never before been made use of in syphilis. As a preliminary trial two patients were given an injection of five cubic centimeters of the serum. Their general condition remained unaltered, but five days later each experienced an attack of urticaria which lasted seventeen days. Another patient treated in the same way developed such grave symptoms that no further trial was made. In the remaining cases no positive influence on the syphilitic process could be claimed. Urticaria was almost universally produced, sometimes of an exceedingly annoying and obstinate type. Some of the patients received at intervals as much as five injections without effect upon the disease. The writer remarks, in conclusion, that no encouraging deduction can be drawn from these experiments, which are the same as those of Kollman. The urine in these cases remained normal.

Professor Neumann of Vienna has recently been carrying on a series of investigations on the treatment of syphilis by the serum of animals immune to this affection, but with results far from being satifactory. The ordinary methods still show the best results. He pleads that the number of his cases was too few to condemn the method, especially as other "syphilographers" have met with some success; therefore, he would recommend a continuance of the experiments.

In the *Archives für Dermatologie und Syphilologie*, Professor Tornowski of St. Petersburg related his experiments with the serum treatment of syphilis, and is reported as follows: "Reflecting upon the absence of positive results from employing the normal serum of animals, that of animals inoculated with syphilitic products, or that of persons affected with constitutional syphilis, Tornowski thought it most rational to use serum obtained by a process as nearly as possible the same as the one employed in the preparation of anti-diphtheritic serum; but the practical difficulty presented itself of finding an animal susceptible to syphilis. However, he thinks he has found such an animal in the foal. Although, on inoculation, the foal does not show any outward signs of syphilis, changes extraordinarily like those due to that disease are found in different in-

ternal organs, and in the blood-vessels and the lymphatic glands in the course of two or three months. Accordingly, he has endeavored to syphilize two foals with moist syphilitic papules by implanting them in incisions into the skin, by applying them to a blistered surface, and by injecting an emulsion of them subcutaneously. After these inoculations had been many times repeated, blood was drawn from the animals, and the serum was administered subcutaneously to six patients, usually in doses of from ten to twenty cubic centimeters. In five of the patients the disease was quite recent and had not been treated before; the remaining one had tertiary manifestations. The therapeutic result was nil, even after long persistence in treatment; the cases followed their course precisely as if no treatment had been practiced. Moreover, the injections seemed to have had a detrimental effect. Three of the patients lost flesh, their general health grew worse and they had transitory albuminuria. In four cases an itching erythema appeared, with pains in the muscles and joints, also purpura in two instances. When large doses were used the temperature was decidedly raised."

Gilbert and Fournier (*Sémaine Médicale*, April 27, 1895) inserted under the skin of certain animals the serum of the blood, chancres and papules obtained from patients suffering from primary and secondary syphilis, with the object of increasing the natural antagonism of the blood of these animals to the syphilitic poison.

The patients treated by the serum obtained from the animals thus prepared were seventeen in number. Of these, seven underwent the usual anti-syphilitic treatment concurrently with the serum injections. All improved; but the authors hesitate to ascribe much force to these cases. The results on the other ten cases were contradictory. While some of them showed marked improvement under the treatment, others appeared to be uninfluenced by it. A patient may be instanced who presented at the commencement of the treatment three cicatrized preputial chancres, roseola confluens and headaches, worse at night. In the space of twenty days he received forty-eight cubic centimeters of serum in seven injections. The roseola paled, but nevertheless persisted; hence, although the man's other symptoms and general condition were favorably influenced, the authors are inclined to regard the results as negative. Farther researches are in progress.

You will say that the so-called tertiary stage is the product of bacteria. It is the toxine of syphilis. The cases of reinfection are so uncommon that the victims of syphilis are considered to be immune against another attack of the disease. Why not take the serum from one already suffering from tertiary syphilis! This has been done, and experiments are still being made. Gilbert and Fournier, adopting the method of Pellizzari, took the serum obtained from the blood of a patient with a clear history of old syphilis and suffering from tabes, but in a very satisfactory general condition, and from another patient who had had gummata and was under treatment for obstruction of the vena cava superior. The subject of the experiment was a patient until then untreated, having two infecting chancres on the penis, double buboes, anemia, headache at night, aching in the joints and bones and a general maculo-papular eruption, most intense on the trunk. He received three hundred and four cubic centimeters of serum in twenty days, the average dose being 35 cubic centimeters. During that time the chancres cicatrized, his pains vanished, the general condition was much ameliorated and the eruption disappeared, except a slight lingering roseola. The eruption was earliest influenced and soonest gone on the front of the abdomen at about the level at which the injections were made. This local action was very striking.

Cotterell (*Medical Press and Circular*, August 28, 1895) states that he has treated eighteen cases of syphilis by injection of the serum of blood of patients who had gone through an attack of syphilis and were rendered immune. He does not state the age of the disease, nor of the patient or patients from whom

he obtained the serum, nor are any details given. The treatment was pursued over six months. The conclusions are as follows, viz: In the early stages of syphilis, *i. e.*, when there is only a sore and glandular enlargement, injections of this serum cause the sore to heal rapidly. The adenitis in the groin generally becomes intensely marked; the skin and throat symptoms are absent or only slightly marked. When the case is not seen until the rash and throat symptoms develop, the skin eruption fades rapidly, much more rapidly, as a rule, than under mercurial treatment, but the throat symptoms disappear rather slowly. The general health improves. The serum from an individual with well marked secondary syphilis appears to be more active than that obtained from a patient with tertiary symptoms. The author has not yet accurately determined the amount to be injected, but he has used the serum in doses from ½ to 5 cubic centimeters.

Boeck, since November of 1894 (*Archiv für Dermatologie und Syphilologie*, July 3, 1896), has treated seven patients by injections of the hydrocele fluid drawn from a man in the sixth year of syphilis. This fluid was filtered before being injected. He was astonished at the results. The first case received in all 6½ drachms of the serum. Eight days before the time the secondaries should have developed, the injections were begun, a drachm being employed every second day. The large chancres and the marked swelling of the glands disappeared promptly. Although the exanthema appeared after the regular time, it was very slight and lasted only a few weeks. There were no mucous patches. The second case was given serum injection sixty days after infection; from fifteen to sixty minims were employed at a time; in two months all secondary symptoms had disappeared. Similar improvement was noted in all the cases. He holds that the effect of this treatment is observed in the quick disappearance of the primary symptom, the abortion or marked amelioration of all secondary symptoms and the improvement in general condition. The treatment is potent in proportion to the promptness with which the injections are begun. The serum treatment is not as prompt and evident in its effects as iodides and mercury, but it is more rational.

Tommasoli (*New York Medical Journal*, September 26, 1896) took the ascitic fluid of a person affected with syphilitic disease of the liver. This he employed upon seven patients in the tertiary stage, most of whom had had no previous specific treatment. The smallest number of injections given in any one case was eight and the largest thirty-seven, in periods ranging from ten to fifty-seven days, and the total amount injected varied from 68 to 350 cubic centimeters. The fluid was obtained with all antiseptic precautions and used either fresh or after being kept in sterilized vessels with the addition of a few drops of chloroform; it was injected into the buttocks and no serious mishaps occurred in any case. In most patients, soon after the injection, there followed indisposition, headache, giddiness, etc., but these disturbances always subsided speedily. No albumen was ever found in the urine. As to the effect on the disease, all that can be said with certainty is that new symptoms made their appearance during the course of injections.

Tommasoli also used the milk of two women who had secondary syphilis—latent in one of them. After proper cleansing of the nipples the milk was pressed out and injected immediately into the muscles of the buttock. Of seven patients treated by this method, one had gummatous syphilis, but all the others were in the secondary stage. The number of injections varied from three to thirteen; and the total amount injected into any one patient ranged from 30 to 100 cubic centimeters. Ten of the patients in the secondary stage were decidedly improved; the others showed no change. This method was based on the observation that in other infectious diseases, such as tetanus and diphtheria, the antitoxines pass into the milk.

The result of these experiments show

that tertiary products, such as fluids obtained from a syphilitic hydrocele and ascitic fluid result of syphilitic liver disease when injected into the tissues of the body, have a curative action upon constitutional syphilis. Cotterell goes farther and says: "The serum from an individual with well marked secondary syphilis appears to be more active than that obtained from a patient with tertiary symptoms."

Suppose we take it for granted that we have an antagonistic virus and some young man comes along and wants to be "immunized" against syphilis. If we were to inject a tertiary product, perhaps it would do no harm. Should we take the serum, or blood, or pus from a mucous patch, we would have as a result a chancre at the point inoculated. Galligo of Florence experimented on himself, taking the pus from a mucous patch. The result was a chancre which developed seventeen days after, followed by roseola, etc. Likewise, where syphilitic blood was inoculated, as in the case of Dr. Bargioni, who voluntarily submitted to be experimented upon with the blood of a syphilitic woman.

No Jenner has appeared with his magic wand to do with the great- what that great man did for the small-pox.

---

The Etiology of Tuberculous Meningitis.—Dr. A. B. Marfan states in the *American Journal of Obstetrics* that this disease is caused by the germination of the bacillus of tuberculosis in the pia mater. It is usually a secondary disease, representing the localization of an infection whose initial focus is found in some other organ. If this origin is in neighboring parts, as in the bones of the cranium or spinal column, the cavities of the face, nasal or orbital fossae, or cavities of the ear, infection of the meninges may be produced by direct extension, but is usually propagated through the lymphatics. As a rule the starting point of the infection is found in more distant organs—the tracheobronchial glands, lungs, abdominal organs, articulations of the bones, the skin and superficial glands (in the order of frequency). The meningitis may be only a part of an acute generalized miliary tuberculosis, which is usually the case, or an initial focus of disease may determine an infection which is localized exclusively upon the meninges. There are a few rare cases of primary tuberculous meningitis in which no tuberculous lesion is found elsewhere. Should the recent researches of Loomis and Pizzini be established, these cases will be found to be only apparently primary, for these authorities believe that Koch's bacilli often exist in latent form in the bronchial ganglia even of healthy subjects. Moreover, Straus has proved that the bacillus is often found in the nasal fossae of healthy persons. Weigert holds that the microbe might pass from this place through the cribriform process of the thymoid and so reach the pia mater. Finally, it is to be noted that adenoid vegetations are frequently present in patients who succumb to tuberculous meningitis. As these vegetations often contain the bacillus, it would be well to ascertain whether the microbe might not easily be carried through the lymphatics of the pharyngeal vault to the pia mater.

The intracranial localization of tuberculosis does not occur in even all tuberculous subjects, whence it is evident that there must be some predisposition upon the part of the organism. Age and heredity are the two chief predisposing causes. Between 2 and 7, and more especially between 3 and 6 years, meningitis is apt to appear. Tuberculous meningitis occurs with frequency in certain families, not necessarily where there is a tuberculous taint. The relatives of the patients are apt to be neurasthenics, or hysterical or epileptics, insane or alcoholic. This predisposing hereditary neuropathic influence explains the more frequent occurrence of the disease among the rich than poor and in the large cities.

## Medical Progress.

A New Dressing for the Umbilical Cord.—Rochon (*British Medical Journal*) strongly recommends the use of picric acid as a dressing for the cord. He states that it ensures antisepsis, obviates the too rapid desiccation which produces a brittle stump liable to cause hemorrhage on the slightest provocation, does not hinder the separation of the cord on the sixth or seventh day, and leaves them a hard and complete cicatrix. It is furthermore absolutely harmless. The dressing consists merely of a bandage or a wad of absorbent wool soaked in 0.5 per cent. picric acid and then carefully squeezed out, and finally covered with a septic cotton without the interposition of any impermeable material. The dressing should be changed every two or three days, more often if soiled with urine; at a pinch, however, a single dressing will suffice. The more often it is changed the later the separation of the cord, which is usually on the fifth to the seventh day when this method is followed.

* * *

The Choice of a Tobacco-Pipe.—If tobacco smoking is justifiable at all on hygienic grounds, says the *Lancet*, it is generally conceded that the pipe is the least injurious. But tobacco-pipes differ considerably in material and shapes, both of which must be important factors in determining the character of the smoke. Thus there is the clay, the meerschaum and the various wooden pipes, the briar, cherry, or myall. Next to the tobacco, therefore, which should always be pure and free from added flavoring, an expedient which is resorted to far too commonly nowadays, probably in many instances to cover an inferior quality of tobacco, the best kind of pipe is a point to be considered. Even assuming that he is smoking good tobacco the smoker knows how different in character the smoke is when drawn from a clay or a wooden bowl. There is probably a scientific explanation of this fact which must have some bearing on the noxious or innocuous character of the smoke associated with other products of combustion. A soft clay is invariably cool smoking because the acid oils obtained on the destructive distillation of the tobacco are absorbed instead of collecting in a little pool, which must eventually either by the volatilization or by mechanical conveyance reach the mouth. A particular pipe "smokes hot" not necessarily because the temperature of the smoke is high, but because it favors the passage by one of these means of the oils into the mouth. Meerschaum is another porous material. Again, an old wooden pipe or briar, so dear to inveterate smokers, becomes "smooth smoking" because the pores of the wood widen and so absorb, as is the case with clay and meerschaum, a large proportion of the tobacco oils. Thus an old pipe "sweats," as it is termed — that is, the oil intrudes into the expanded pores of the wooden bowl and at length exudes. Similarly, a hook-shaped pipe must be better than a pipe the bowl of which is on the same level as the mouth, for the simple reason that in the former a considerable quantity of the oil is kept back in the U-shaped part of the pipe, while in the latter the oil travels easily down the stem. Ebonite stems are in general objectionable because they commonly spoil the true flavor of tobacco smoke. This is most probably due to the sulphur of the ebonite combining with the volatile oils in the smoke. We know instances where ebonite stems have produced distinctly objectionable symptoms in the throat most probably for the reason just given. Bone or real amber makes a much more satisfactory stem, or the pipes should be of wood throughout. Amber substitutes, and especially celluloid, should be discarded entirely as dangerous, while the flavor of camphor which these invariably communicate to the smoke forms a very unpleasant combination. Pipes of special construction cannot be regarded with much favor, such as those which are said to be hygienic and usually contain a so-called nicotine absorber. Those smokers who require such auxiliary attachments had better not smoke at all. As a matter of fact, tobacco yields little nicotine in the smoke

produced on its partial combustion ; it is mainly to oils of a tarry and acrid character that the toxic symptoms of tobacco smoking are due.

* * *

Strychnia in Chloroform Narcosis.—When there is chloroform poisoning, Surgeon S. T. Reid, R. N., recommends in the *British Medical Journal* the following plan :

1. The great value of strychnine as a stimulant to the respiratory center during chloroform poisoning in keeping life going while the vapor is being exhaled, but the drug must be used boldly.

2. The use of the electrical current in acting upon the respiratory center at once, and by increasing the current rapidly, keeps the respiratory mechanism during the dormant stage of strychnine after injection.

3. With these two agents to hand one ought to be able to treat any case of chloroform poisoning.

* * *

Aerial Convection of Typhoid Fever. — An epidemic of fever at Rheims among the dragoons was first traced unmistakably to the dust stirred up by their evolutions, and Uffelmann's experiments demonstrate that the dried typhoid bacillus, as also the cholera microbe, can be disseminated in the air and thus alight in dust on articles of food. Similar experiences are reported from Belgium as the cause of the present slight epidemic at Tirlemont. These facts tend to show that the water supply is not always to blame in epidemics of typhoid fever.

* * *

Röntgen Rays and Foreign Bodies in the Eye.—Friedmann (*British Medical Journal*) recommends the employment of the Röntgen rays to determine whether a foreign body is present in the eye or orbit, and also its position and size ; and gives details of three cases in which they proved of service. It is preferable to use the rays in the bi-temporal diameter than antero-posteriorly. The photographic plate is fixed to the temple by means of a bandage, while the vacuum tube is placed 50 cm. from the plate ; one and a half minutes are sufficient for the exposure. The rays have shown the presence of foreign bodies where the electro-magnet has failed

* * *

Alcohol in Continued Fevers.—It is sometimes difficult to separate the scientific from the sentimental side in some questions. Dr. Richard C. Cabot asks in the *Boston Medical and Surgical Journal* what are the indications for the use of alcoholic stimulants in certain febrile diseases. He does not think that alcohol in itself is directly inimical to the toxemia which forms the chief danger in acute infections. In many cases alcohol is indicated and it would be dangerous to withhold it. The author does not think we should, as Strümpel does, give up alcoholic stimulation in fevers, but that we need a broader experimental basis for our practice of and use of stimulants.

He draws the following conclusions :

1. Alcohol, like other drugs, should be given to accomplish a definite therapeutic result, and if no signs of that result appear, the drug should be withdrawn.

2. Experimental evidence is much needed :

*a*. As to the effects of alcohol on the toxicity of the urine and the bactericidal power of the blood.

*b*. As to the result of treating acute febrile diseases without alcohol.

* * *

Treatment of Hernia of Ovariotomy Cicatrix.—Pavloff (*British Medical Journal*) had to treat a very bad hernia of an ovariotomy cicatrix. So intimately had the intestine grown to the fibrous neck of the sac that the latter could not be set free and sutured. Pavloff therefore made two curved incisions, about 5½ inches long, through the muscular coats of the parietes on each side of the median line as deep as the aponeurosis. The inner borders of the strips thus dissected up were united with a continuous suture, the outer with interrupted sutures. Thus a bridge was formed over the hernia and it was drained from below. The wound healed by first intention and the bridge practically reduced the hernia.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, DECEMBER 25, 1897.

*The Medical Examining Board.*

THE result of the State Board Medical Examination last May and the unfortunate overthrow of so many candidates at that time caused so much dissatisfaction among the medical schools, that after several conferences between representatives of the various schools of Baltimore and some correspondence between a committee from the schools and the examining board, a meeting was called last week for the purpose of considering amendments to the Medical Practice Act.

So well attended was this meeting that comment is scarcely necessary. Rather than a conference, it was more like a battle between those supporting the schools and those in sympathy with the board. The object of the proposed amendments was, among other things, to put members of teaching bodies on the examining board and compel examinations in the primary branches to be conducted by those who were teachers in the schools.

These amendments were proposed by the schools because it seemed that the Board was unnecessarily severe on the graduates of schools, and students who had stood well during the term and had passed a creditable examination were turned down by men who were said to be inexperienced in conducting examinations and who were supposed not to be well versed in the elementary branches. There were some suggestions in the amendments that were undoubtedly good, but the amendment, as a whole, was voted down by a large majority, many men in the schools voting to support the Board in its present course.

The objections to putting on the Board men connected with schools are obvious, and as one of the Board said, of the twenty-eight States that require a Board examination, not one contains members from the teaching bodies. The dishonesty of candidates was to be deplored and perhaps a larger number than usual was caught in the act of breaking the pledge at this examination because previous tests had not been so strict.

It was, perhaps, a surprise to the college men that the Board carried the day at this meeting, but the unbiased spectator cannot help seeing that the results of this meeting will be of advantage to both parties. The schools will be compelled to turn out a better set of men, more efficiently prepared for the final test, while the Board itself will conduct examinations in such a way that the temptation to cheat will not be so great, and also even without compulsion they will undoubtedly modify some of the rules which have governed them heretofore.

The Board was appointed by the Faculty and is in a measure accountable to the Faculty and when it makes up its report at the next annual meeting, perhaps it would be well to clearly explain all its actions without the vague phraseology that occurred in its reply to the committee of the colleges. The Board is above all things honest and sincere in its work, as its members have no other motive than to do their duty and certainly they have done it well.

It is very unfortunate that the Board has no power to drive out illegal practitioners, but the law gives it power to examine and license only, while the privilege of detecting is left to any member to whose notice any irregularities may come. It is probably better for the community and the cause of higher education that the amendments were defeated.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 18, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 24 |
| Phthisis Pulmonalis | | 19 |
| Measles | 16 | |
| Whooping Cough | 3 | |
| Pseudo-membranous Croup and Diphtheria. | 83 | 9 |
| Mumps | 3 | |
| Scarlet fever | 32 | 1 |
| Varioloid | | |
| Varicella | 4 | |
| Typhoid fever | 6 | 7 |

The trustees of Bayview Asylum are about to erect a new hospital for aged persons at the institution, apart from the other buildings.

The new south wing of St. Joseph's Hospital, Baltimore, was dedicated last week with appropriate ceremonies by Cardinal Gibbons.

Dr. August G. Horine has been selected as Health Officer of Brunswick, Maryland. Dr. Horine is a graduate of Jefferson Medical College, Philadelphia, in 1890.

Dr. William Denny of Kent Island, Queen Annes County, Maryland, died last week, in his seventieth year. Dr. Denny was graduated from the University of Maryland in 1853.

The Sewerage Committee of the City Council of Baltimore will probably favor the filtration method of sewage disposal, but it is a serious question whether the city with its present large debt can stand an additional loan of $8,000,000 to $10,000,000.

Dr. Kanthock, the well-known author of "Leprosy in India," a manual of practical morbid anatomy and a hand-book of practical bacteriology, together with a large number of scientific papers upon anatomical, physiological and pathological subjects, has been elected to the chair of pathology in the University of Cambridge, England, to succeed the late Professor Roy.

The Delaware Hospital at Wilmington has received a legacy of $5000 from Mrs. Henry H. Carter, the late widow of a railroad man, the money to be used for endowing a bed in that hospital. She also leaves $500 in addition for the general fund of the hospital.

The Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia held a very enjoyable meeting followed by a banquet, at Cumberland, last week. A report of the proceedings will appear later.

The leading woman's club of Wilmington, Delaware, has sent a petition to the Board of Street and Sewer Direction of that city, that if they will allow signs to be put up conspicuously at every street corner, "Don't Spit on the Pavement," the club will pay for the signs.

The influence of the Maryland Public Health Association is being felt all over Maryland, and questions of disease prevention, isolation, pure water, sewage system and such questions are being discussed by many of the smaller towns of Maryland. Local health officers, too, are taking increased interest in their work. Requests for copies of the transactions of this Health Association have been received by Dr. Fulton from all over the country.

Dr. Charles H. Jones, one of the oldest and most widely known physicians of Baltimore, died at his home last week, aged 70 years. Dr. Jones was born in Somerset County, Maryland, October 1, 1827, and after studying at Washington College he came to Baltimore, where he studied medicine at the University of Maryland, graduating there in 1851. He at once began to practice, but after the outbreak of the War was made Acting Assistant Surgeon, U. S. A., and was stationed at Jarvis Hospital, which was then on West Baltimore Street, near Fulton Avenue. Dr. Jones was much beloved by all who knew him and a pioneer physician of Maryland. He founded the Baltimore Medical Association in 1869, and was its first president. He was also Ex-Vice-President of the Medical and Chirurgical Faculty, and for a number of years was a member of the U. S. Pension Board. Dr. Jones was the author of many valuable monographs. He leaves two sons and one daughter.

## WASHINGTON NOTES.

The President of the District Medical Society, Dr. Samuel C. Busey, on Wednesday evening, delivered an address to the profession and public upon "The Duties of Physicians to the Profession and their Relation to the Medical Charities of the District of Columbia."

*

Dr. William J. Hart has been elected resident physician of Children's Hospital, and will take charge January 1.

*

Dr. J. S. Wall is appointed successor to Dr. Jesse Ramsburgh as resident physician to Providence Hospital.

*

Dr. Homer Medford, resident at Columbia Hospital, will retire in January, when an examination will be held to fill the vacancy.

*

Dr. J. L. Norris, Jr., will, in all probability, succeed Dr. Hart as resident of the Eastern Emergency Dispensary. There are many applicants for the position.

*

The emergency department of the Eastern Dispensary will be formally opened January 3, with a public reception. The surgical staff consists of Dr. Llewellyn Eliot, chief; Dr. James Kerr, consultant; Drs. Noble P. Barnes, John V. Carraher and Randolph M. Myers, assistants.

*

The Washington Training School for Nurses has been incorporated for twenty years. The trustees and managers of the institution are G. N. Acker, M. D., Mrs. Bentley, Mr. Blount, H. L. E. Johnson, M. D., D. P. Hickling, M. D., Hon. M. M. Parker, Mrs. Powell, Mrs. Prentiss, Mr. H. L. West and Hon. Thomas Wilson.

## Book Reviews.

Tuberculosis of the Genito-Urinary Organs, Male and Female. By N. Senn, M. D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College, Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief, St. Joseph's Hospital. Chicago. Illustrated. W. B. Saunders, 925 Walnut St., Philadelphia. 1897. Price $3.

The industry of Professor Senn excites the wonder and admiration of all, even though but few emulate him. In addition to his professional duties as a surgeon, and the exactions of a professorship of a large college, he finds time to contribute largely to the medical journals, and to issue a work on some surgical subject about every year. In the present volume he presents a systematic treatise on tuberculosis of the genito-urinary organs of both sexes, a most important and somewhat neglected class of affections. Attention is called to tuberculosis of the penis, as a not infrequent disease, and when spreading, liable to be mistaken for carcinoma or syphilis. Tuberculosis of the seminal vesicles occurs as both a primary and secondary affection, and can be eradicated by an operation through the perineum or in the ischio-rectal space, with excellent final results. Primary tuberculosis of the epididymis is much more frequent than a similar process in the testicle; in recent cases injections of iodoform-glycerine emulsion should be used, and if this does not arrest the disease, castration offers the only hope of cure. As might be expected, tuberculosis of the female generative organs is much more frequently found than that of the male, and the literature is more extensive.

Nearly one-half of the book is devoted to tuberculosis of the urinary organs, bladder, ureters and kidneys, and the subject has been handled carefully in all its aspects. Copious references to the literature of genito-urinary tuberculosis have been made, and the work of our townsmen, Drs. J. Whitridge Williams and Howard A. Kelly, is freely quoted. In fine, Dr. Senn has gathered into one compact volume about all that is known of these serious diseases, and has presented to the medical profession another valuable text-book.

Lectures on the Malarial Fevers. By William Sydney Thayer, M. D., Associate Professor of Medicine in the Johns Hopkins University. New York: D. Appleton & Co. 1897.

These lectures, which fill a book of over three hundred pages, are probably the most complete and accurate account of the malarial fevers published in the English language. In the introduction a full history of the literature is given showing the uncertainty which existed before Laveran's discovery and the numerous contributions in many languages since the discovery of the malarial organism.

Next follows a description of the various organisms and these chapters reflect great

credit on the careful work of the author, for it is evidently the result of the personal observation of many cases. He very properly prefaces these chapters with the remark that "it is impossible to make reliable examinations of the blood for malarial parasites, without first being familiar with the ordinary appearances of normal blood and the more common pathological changes." The clinical picture of the fevers is especially interesting to those whose practice lies in a malarious country and the differentiation of malaria from typhoid fever is here emphasized most strongly. While some physicians may scoff at blood examination in cases which are evidently malarial in character, the observing ones cannot help feeling that the blood examination in doubtful cases is the only criterion and certainly will materially affect future statistics of malarial fever, typhoid fever and that so-called typho-malarial fever, which is rapidly disappearing from the best records. Careful blood examinations, too, would eliminate the diagnosis of malaria from many slovenly recorded cases.

The treatment, as one would expect, differs little from that followed before the best work on malaria was made known. The mainstay, of course, is quinine.

Dr. Thayer's valuable work should be the guide for all those who really care to study the subject. He has gone into the subject most thoroughly; indeed, so fully, that one is forced to ask if condensation in places would not have attracted more readers. His experience, of course, is founded almost entirely on hospital cases, surrounded by the best influence as to diet and rest in a model hospital, and indeed a part of the work has already appeared in the Johns Hopkins Hospital Reports. It seems strange that he has met with so few cases of quinine idiosyncrasy. The author prefers the expression hemocytozoon to plasmodium, but the latter term is too firmly fixed to be changed without causing much confusion. The book is very attractively printed and one which every general practitioner should possess and read.

## REPRINTS, ETC., RECEIVED.

Ectropion of the Cervix in Nulliparae Resembling Laceration of the Cervix. By C. P. Noble, M. D. Reprint from the *American Gynecological and Obstetrical Journal.*

# Current Editorial Comment.

## MEDICAL ETHICS.

*Louisville Medical Monthly.*

We wish it to be distinctly understood that we have no objection to a code of medical ethics of the strictest character; but if we are to have one, we wish to have it clearly interpreted and its provisions rigidly and impartially enforced. We insist upon "equal rights to all, and exclusive privileges for none," and we shall never consent to a code which shall be merely a compilation of rot and claptrap to assist hypocrisy in practicing fraud.

## CHRISTIAN SCIENCE.

*Medical News.*

Christian Science has its roots in the element of society from which all similar fads derive support. Its advocates are persons of considerable social influence, of good moral character — too good to appear compatible with the deeds of inhumanity and tendencies toward murder — of leisure for proselyting. Such persons cannot be alluded to as ignorant and uneducated, yet we usually find them superficial in knowledge and comparatively untrained in intellect. They are just the ones who can be convinced by sophistry, and who cannot follow a truly logical mind in the exposure of fallacy.

## THE CHEERFULNESS OF DOCTORS.

*Physician and Surgeon.*

A reason for this cheerful temperament is doubtless to be found in the type of man entering the medical profession. The nervous, the timid, the dyspeptic and the invalid do not readily take to the doctor's calling. It demands too much energy, fortitude, and capacity for human intercourse. Only those endowed with strong and virile temperaments are fitted for the calling or likely to embrace it. The intensity and superabundance of this initial virility is powerfully exemplified in medical students who are not notable for the repose of their manners or the gentleness of their instincts. How much of a residuum of high animal spirits remains in matured and aged members of the medical fraternity is often shown at the annual functions of our medical societies, in which long-repressed hilariousness assumes a form of mitigated rowdyism. It is because medical men are as a class of a peculiar virile and fluid nature that they are cheerful and resourceful.

## PROGRESS IN MEDICAL SCIENCE.

A KERNEL OF WHEAT.—Taking a kernel of wheat, pulling off and turning back its different coats, we have the epicarp or outer covering, which has no nutrient principle; the mesocarp or inner coat of longitudinal cells, which is pure bran; the endocarp, made up of transverse cells, constituting the true bran; the episperm, the integument or color coat; the inner seed or gluten coat; the center white mass of starch and albuminoids; the seed germ. If we make a transverse section midway of a kernel and apply iodine to the cut surface of one-half, it will take a purple color, distinctly showing the outlines of the gluten, the most nutritious portion of the wheat berry. If we apply ammonia-sulphate of copper to the other half, the starch of the center will not be changed, but the gluten will be colored green by the formation of the phosphate of copper. If we examine the constituents of the different coats and tissues of a grain of wheat to ascertain its nourishing powers and true food value, we first have the outer husk, a tough layer with its upper end fringed with hairs. This is bran for the most part, is indigestible and unfit for food. The next husk is the true bran, which contains gluten, phosphates and other valuable mineral nutritious elements. The next layers are filled with gluten nutritive salts, which play a most important part in the economy of nutrition. The remaining layer consists of starch and albuminoids, from which the white flour of commerce is made and from which the nerve-building, brain-sustaining and muscle-making properties have been removed in the milling process. In proof of what has already been said and to verify these results, we compare a sample of Franklin Flour of the entire wheat manufactured by the Franklin Mills Co., in Lockport, New York, with the best grades of white flour.

| CONSTITUENTS. | Flour of the Entire Wheat | Best white flour |
|---|---|---|
| Water | 6.36 | 11.07 |
| Fats. | 1.51 | 0.88 |
| Protein. | 14.19 | 9.94 |
| Carbohydrates. | 77.03 | 77.73 |
| Ash. | 0.91 | 0.38 |
| | 100.00 | 100.00 |

The per cent. of water is less in the flour of the entire wheat, but the per cent. of proteids (gluten), fats and phosphates, are larger than in the very best white flour, while the per cent. of carbohydrates (mainly starch) remains very nearly the same. From the above it will be seen what a fatal mistake is made in the use of a flour as food from which the gluten and the nerve force and muscle-making portion has been removed in the process of manufacture.

SOMATOSE.—We may say that Somatose, which is extracted from fresh meat, is the ideal artificial food, in that it is not only extremely nutritious, restorative and tonic, a very quintessence of beefsteak, but that it exercises its incomparable virtues without the knowledge of the patient, who is compelled during its assimilation to make no voluntary or vegetative effort. Representing a yellowish powder, without odor or taste, and perfectly soluble, it may be swallowed, digested and absorbed in water, milk, bouillon, etc., even without the patient's knowing it. This does not prevent it from acting with certainty and precision, in its work of restoration, to which the weakest stomachs lend themselves with ease, and of building up in both young and old, muscle, bone, nerve tissue and red globules.

It would seem that Somatose enters directly, without any change or loss on the way, the circulatory flow, in which it is integrally absorbed. Hence its beneficial effects, in anemia, neurasthenia, rachitism, chlorosis, phthisis, diabetes and albuminuria; in a word, in all cases in which impoverished nutrition and physiological misery require ample nourishment against which a distressed stomach would rebel, in the presence of any other mode of alimentation. Somatose, whose employment is compatible with every treatment and every form of diet, is more digestible than milk itself, the latter not being always tolerated.

It is a curious fact that by some mysterious affinity, it is borne to and fixed in the organs and tissues that are in the greatest need of substantial repair. It is a remarkable example of the possibility of accumulating nutritive energy in the same way that we accumulate mechanical energy. It is not quite the revolution foreseen in the alimentary hygiene of the human race, but it is at least a revolution in the art of curing.—Translated from *Figaro*, Paris, November 5, 1897.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXVIII.—No.12. BALTIMORE, JANUARY 1, 1898. WHOLE No.875

## Original Articles.

# THE RELATION OF SEWAGE DISPOSAL TO PUBLIC HEALTH.

*By William H. Welch, M. D.,*
Professor of Pathology, Johns Hopkins University.

REMARKS MADE NOVEMBER 19, 1897, AT THE JOINT MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND AND THE MARYLAND PUBLIC HEALTH ASSOCIATION, TO DISCUSS THE SEWERAGE OF BALTIMORE.

I AM somewhat perplexed how to treat the subject assigned to me, for, although it is a very broad one, its various parts have been so parcelled out that those who are to follow will take up most of the points which would naturally fall within my theme.

The basis of modern sanitation is the recognition of the fact that certain diseases, particularly those called infectious, are preventable. So familiar is this conception, that it is difficult to realize that it is essentially of modern origin. While it is true that in all ages there have been enlightened physicians to whom this conception of the preventability of disease was not entirely foreign, nevertheless the prevailing opinion in ancient and medieval times referred the origin of epidemic diseases to such supposed causes as the anger of an offended deity, the influence of the planets and comets, poisoning of wells by the Jews, some mysterious epidemic constitution of the atmosphere, etc. Under the control of such ideas, it is clear that public and private sanitation could not develop. Certain great public works of antiquity to which we must attach hygienic value, such as the monumental aqueducts and drains of ancient Rome, were undertaken for public convenience and not with any clear appreciation of their relations to public health.

The doctrine of the preventability of infectious diseases was first established upon a firm basis by the collection and analysis of vital statistics. This great contribution to preventive medicine we owe to the establishment of the Registrar General's Office in England, in 1838, concerning which an English hygienist has justly said: "It is impossible for any nation or for any government to remain indifferent when in figures which admit of no denial the national amount of health and happiness, or disease and suffering, is determined. The establishment of the Registrar General's Office in 1838, and the commencement of the system of accurately recording births and deaths, will hereafter be found to be, as far as the happiness of the people is concerned, one of the most important events of our time."

The impetus which led to this systematic collection and study of vital statistics, as well as to other great sanitary reforms, was the invasion of Asiatic cholera for the first time into western Europe in 1831. The careful study of

the mode of spread of this pestilence led to the clear recognition of the fact that it is a preventable disease, and it was soon discovered that the same conception is applicable to typhus fever, typhoid fever and many other infectious diseases. Cholera has destroyed millions of human lives, but it has been the indirect means of saving millions more.

The visitation of great epidemic diseases, such as cholera and yellow fever, has been one of the levers of progress in modern sanitation. Although we have constantly with us diseases, notably typhoid fever, which teach the same lessons and are as preventable as cholera, it has often required the violent impressions of the outburst of some rapidly spreading and strange pestilence to stir a community to undertake sanitary improvements, whose necessity has been long pointed out by sanitarians. We in Baltimore can, if we choose, wait to receive such a violent lesson, but it is the part of wisdom and prudence to profit by the same lesson which existing circumstances teach no less distinctly, even if with less impetuosity.

It is fortunate that those who instituted the first public sanitary measures did not wait to find a thoroughly scientific basis for them. Even in this day with our greatly extended knowledge of the causation and mode of spread of infectious diseases, there are many proved measures for preventing the development and spread of disease, for which we cannot give an entirely satisfactory scientific explanation. We must utilize the results both of practical experience and of scientific investigation in determining the character and the efficacy of sanitary procedures.

The early English sanitarians based their practical sanitary measures upon a belief in the efficacy of cleanliness in preventing the development and extension of infectious diseases, and they directed their efforts especially to securing pure soil to live upon, pure air to breathe, pure water to drink, and pure food to eat. While modern bacteriology has taught us the particular impurities in our environment most to be dreaded and consequently better means to guard against them, this programme of the early sanitarians remains to this day the broadest and most satisfactory basis of preventive medicine.

While the great media of our environment, soil, water, air and food, are so intimately associated in their sanitary relations, that impurities of one are likely to affect others, my theme on this occasion relates especially to the dangers of pollution of the soil.

The soil is the place to which sooner or later all organic matter returns. From it comes all life and to it all life returns. "Dust thou art, and unto dust shalt thou return," embodies a profound scientific truth. The soil is the greatest laboratory in the world. It is there through the agency of microscopic organisms that organic matter derived from plants and animals is decomposed and converted finally into the simple inorganic substances which make the food of plants. The plants again build up these simple mineral constituents into the complex organic materials of their bodies, which make the food of animals. In this continual circulation of matter, agencies at work in the soil play an indispensable part, a part so essential that if this link in the chain should drop out all life upon this globe would cease in a comparatively short time.

It is through these agencies, which are chiefly living microörganisms present everywhere in the superficial soil, that the soil is able to dispose of organic matter which it receives and thus continually to purify itself. Upon this principle is based the method of disposal of sewage by irrigation and filtration through the soil. But there is a limit to the capacity of soil to convert organic material into a harmless state and if this limit is exceeded we have a polluted soil. There are likewise various circumstances, which cannot be considered here, which influence the rapidity and extent of this process of self-purification. For example, when the organic material is not received upon the superficial layers of the soil, but leaks out, as through cesspools, into the deeper layers, the process of purification is much slower

and less efficacious. In this way the soil may become contaminated to great depths and may bring serious injury to people living upon it. There are various artificial conditions, such as pavements, which render much of the ground in cities incapable of doing the work of virgin soil in transforming organic waste.

Now what are the dangers of such contamination of the soil? Some of these dangers we can point out with reasonable certainty; others, which we have reason to believe exist in view of certain benefits which regularly follow purification of the soil, we understand at present either very imperfectly or not at all.

Pettenkofer has called especial attention to the fact that the air in the lower parts of our houses is derived in no small part from air drawn from the ground, unless the special construction of the cellars prevents this. If this ground air comes from a polluted soil, it contains foul gases, the precise influence of which upon the health of the inhabitants it has not yet been found possible to determine, but there is reason to believe that it may be injurious, and certainly it must be regarded as offensive. That such air under certain circumstances may contain disease-producing microörganisms is highly probable. When the soil has become saturated with illuminating gas derived from leaky or broken gas pipes, the air of houses in the neighborhood may become so contaminated with gas drawn in from the soil, that serious poisoning of the inhabitants may result, as has repeatedly been observed.

The view is widely held that serious contamination of the soil is injurious to the health of those living upon it, independently of the actual presence in such soil of the specific germs of disease. Exposure to such influences is thought to be capable of impairing mental and physical vigor and in general of lowering resistance to disease. Among the various factors which determine the higher death rate in many crowded and insanitary localities, pollution of the ground is doubtless one of importance.

It is, however, more especially in the presence of the specific microörganisms which cause infectious diseases, that we have to seek the chief dangers from contamination of the soil with human and animal excreta and household waste. Without proper methods of disposal of sewage abundant opportunities are afforded for the escape of such pathogenic microörganisms into the soil.

The fate of such organisms after they have reached the soil is various. It has been demonstrated that the bacilli of tuberculosis and of typhoid fever may survive months, perhaps even years, and that those of cholera may persist for weeks in the soil. Whereas in virgin soil they do not find requisite food for their multiplication, the bacilli of typhoid fever may actually multiply in soil contaminated with organic material.

Having once reached the soil, these disease-producing germs may be conveyed to us in manifold ways. An important medium of transportation of bacteria from an infected soil is the water which we drink or use for domestic purposes. Our chief interest here in Baltimore in the contamination of drinking water from the soil relates not to our own soil, save in the occasional use of wells, especially in the recently annexed districts, but relates to that bordering on the streams and reservoirs from which we receive our naturally excellent drinking water. It is, therefore, not necessary to dwell upon this point on this occasion.

Among the various other ways by which harmful bacteria may reach us from contaminated ground it will suffice to specify their conveyance attached to particles of dust in the air, their transportation by flies and other insects, and by domestic animals, their presence upon vegetables, especially those eaten uncooked, and our own direct contact with the soil. It is evident that the possibilities of infection from soil contaminated with disease germs are numerous and often intricate.

The list of diseases whose causation has been shown to stand under certain conditions in more or less direct relation to contamination of the ground with

their specific germs is a long one. Among the more important may be mentioned malaria, typhoid fever, cholera, yellow fever, dysentery, tuberculosis and the summer diarrheas of infants. Experience teaches, unmistakably, that contamination of the soil with organic refuse favors the development and spread of such diseases as these, and that drainage and purification of the soil by proper systems of sewerage are among the most effective measures for their prevention.

No more instructive illustration of the value of modern methods of public sanitation can be found than the inability of Asiatic cholera to secure a foothold during the last two European epidemics in clean cities with proper sewerage and water supply and its ravages in notoriously filthy or insanitary cities, such as Toulon, Marseilles, Naples and formerly Hamburg. The public should realize that quarantine is an extremely vexatious, expensive, uncertain, means of protection, and that far greater safety can be secured by measures which render a city unsuitable for the multiplication and distribution of the germs of epidemic diseases. A city can make itself cholera-proof by well-understood sanitary measures.

Insanitary conditions, to adopt a metaphor employed by Pettenkofer, represent the powder and the germs of cholera or typhoid fever the sparks. It is wiser to keep no powder of this sort than to engage in frenzied and often futile efforts to drive away the sparks which, if they reach the powder, will cause a destructive explosion.

Although the nature of the relationship between the conditions of the ground and the prevalence of tuberculosis is not well understood, practical experience has shown that many localities have secured, by good drainage of the soil, great reduction in the mortality from this most deadly scourge of the human race, a reduction amounting in some places to nearly fifty per cent. of the former death rate. Similar measures in Berlin and elsewhere have notably lowered the mortality among infants, particularly from summer diarrhea.

I call your attention to these various charts hung upon the wall which illustrate some of the beneficial results which have been secured by purification of the soil through proper systems of sewerage. The charts speak for themselves.

Upon this one the black column represents the average number of deaths from typhoid fever in 313 cities without sewers and the next column, less than one-quarter of the first in height, shows the deaths in 39 cities with efficient sewers.

This second chart shows on the left side the deaths from typhoid fever to each 10,000 inhabitants in each of a series of cities with good sewers and a general water supply, and upon the right side the deaths from the same cause in cities without sewers or very imperfectly sewered. You will observe that the average in the first series is 2.4 and in the second is 10, with many cities lower than the average in the first series, notably Munich, Dantzic, Vienna and Frankfort, and many higher than the average in the second series, notably several Italian cities.

Especially instructive is the next chart, which shows the experience of Munich during the gradual improvement of an originally highly contaminated soil. During the first period represented, when the inhabitants drank water from wells and the excreta were stored in ordinary privy vaults, the death rate from typhoid fever was 24.2 per 10,000 inhabitants. When the city required the cementing of the vaults, the death rate fell to 16.6. The remaining three lines show the successive reductions in the death rates with the gradual extension of the sewerage system, until in 1884 the deaths from this fever were reduced to 1.4 per 10,000, and in 1888 to 1 per 10,000 inhabitants. By systematic and intelligently directed sanitary improvements the cities of Munich and Vienna have been converted from hot-beds of typhoid fever to places from which this disease has been practically eradicated. All of the money which they have expended in carrying out these great sanitary reforms has

been repaid a hundredfold in the increased health, happiness and productive capacity of the inhabitants and in the increased value of property.

The same results can be secured by Baltimore and other cities, as is demonstrated by this chart, which shows for Dantzic, Breslau, Frankfort, Berlin, Vienna, Brussels, London, New York, Boston, Brooklyn and other cities the deaths from typhoid fever to each 10,000 inhabitants before, during and since the introduction of sewerage and general water supply. You will observe that the experience has been everywhere the same, lowering of the death rate to a quarter, a sixth, an eighth, a twelfth, even a twentieth, of the former rate.

This red line represents the mortality from typhoid fever in Baltimore. It is the official mortality from this disease. The actual mortality is considerably higher, for, as Dr. Osler has pointed out, doubtless most of the deaths in this city returned to the Health Department as from malarial fever and from typho-malarial fever are in reality due to typhoid fever. The death rate from typhoid fever in this city, as he has shown, is that which belongs to an unsewered city with general water supply, and it can be confidently predicted that the introduction of efficient sewerage and the protection of the sources of our water supply will reduce this mortality to the low rate of well sewered and well watered cities.

The reduction in typhoid fever shown by the charts can not be attributed wholly to the introduction of good sewers. In many instances it has been due mainly to the introduction of a general supply of pure drinking water. Authorities have differed as to the relative value of sewerage and of water supply in influencing the prevalence of typhoid fever. We need not pause here to discuss this matter. Both factors are important, the drinking water usually the more important. But it is sufficient for our purpose to show that purification of the ground by proper disposal of sewage is one of the factors in determining a reduction in the occurrence of typhoid fever and other diseases.

It is by no means an easy matter in all cases to assign to each one of the various recognized elements which go to make up an entire system of satisfactory municipal sanitation its due share in the beneficial result, for it rarely happens that one is introduced by itself alone, and the harmonious working of the whole system is often necessary to secure the best results from the individual factors, such as pure water supply, efficient sewerage, good drainage, cleanliness of streets, improvement or removal of insanitary quarters, thorough sanitary inspection of dairies and food-stuffs, public disinfecting establishments, hospitals for infectious diseases, municipal laboratories, etc. In some instances, however, the conditions have been such as to furnish conclusive demonstration of the separate influence of the introduction of effective sewerage upon the death rate from typhoid fever. This is notably true of Dantzic and Stockholm, as is illustrated by these charts. In the former city a high death rate from typhoid fever persisted after a good general water supply, but after the introductien of the system of sewerage it fell from nearly 10 per 10,000 to 1.5. You will observe in this striking chart how in the city of Stockholm the mortality from typhoid fever fell, *pari passu*, with the gradual extension of the sewerage system, reaching in 1887 the low figure of 1.7 per 10,000.

Much more evidence might be adduced, if it were necessary, to show the beneficial influence of good sewerage upon the health of a community, but enough has already been said to demonstrate the hygienic importance of proper disposal of sewage. Indeed it might seem unnecessary to dwell upon these matters upon which sanitarians are agreed, were it not that public indifference to this subject indicates lamentable ignorance, although for two generations the gospel of public sanitation has been preached to this city by its health officers and others. Trite and wearisome as the tale may be, it is one which must be told and retold and we cannot choose but hear until the end desired is attained.

But it is not necessary or even desirable to rest the argument for an efficient sewerage system exclusively upon its effects on public health, important as these are. Quite apart from the large saving of human life, the proper disposal of excreta, household waste, water and garbage contributes so much to the comforts, conveniences and even decencies of living and so essential a part of such disposal in large cities is a good system of drains and sewers, that it is positively uncivilized for a modern city to be deprived of the advantages of such a system. The conditions in this respect here in Baltimore with its leaky and overflowing surface drains, with its utterly insufficient storm water drains, with one-twentieth of its area, exclusive of streets and parks, occupied by privy pits and cesspools, permitting often overflow and leakage into the ground and cellars, with arrangements by which sewage and garbage are allowed to befoul the streams and the harbor basin, are obnoxious in the extreme. That greater damage to health and property has not been the result of these primitive conditions is due in large part to the natural salubrity of the city and the configuration and character of the ground.

Mr. Mendes Cohen, in a published address delivered before the Taxpayers' Association of Baltimore about six years ago, pointed out very clearly and forcibly the injury to property caused by the defective drainage of this city and he showed how the rental value of property would be so much enhanced by the introduction of good drainage that a large share of the necessary cost of the improvements would be thereby covered. Dr. Fulton will tell you this evening something about the loss in money due to sickness and death entailed by the present conditions and the estimated pecuniary gain which can reasonably be expected to follow the establishment of a good system of sewers. But who can estimate the suspense, the suffering, the grief, the despair caused by the unnecessary sickness and sacrifice of life through neglect of the plainest laws of sanitation?

The immediate occasion of our assembling this evening upon the call of the physicians and sanitarians of this State is the consideration of the recently published Report of the Sewerage Commission of the City of Baltimore, of which an abstract has been presented to you by Dr. McShane. Those who are to follow me will discuss the details of this Report. It seems to me to be an admirable document, supplying as it does the necessary data, based upon a careful and scientific investigation of the problems involved, to enable the reader to form an intelligent judgment upon the subject. It would be a great misfortune if the city of Baltimore should not take advantage of this opportunity to come to some definite solution of this problem which must be solved sooner or later and which becomes more complicated the longer it is deferred. It behooves our citizens and above all our legislators to give earnest heed to this matter and to see to it that this Report does not remain as fruitless in practical results as did its predecessors.

---

Puerperal Eclampsia and Amaurosis — Eliachevitsch (*British Medical Journal*) writes of a woman in her fourth pregnancy who was seized with a bad headache, rapidly followed by complete loss of vision in both eyes. A few hours later convulsions set in. Version was performed and a living child extracted. Leeches were applied behind the ears and narcotics and pilocarpine administered after the disappearance of the convulsions. The sight was slowly restored. The ophthalmoscope showed that the amaurosis was due to acute albuminuric neuro-retinitis.

* * *

Ether in Uremic Dyspnea.— Gallois recommends, in the *Therapeutic Gazette*, in uremic dyspnea, deep skin injections of ether with ether also by the mouth. Deep injections are necessary to prevent skin necrosis. A rapid improvement follows.

# AN EFFICIENT TREATMENT OF CHILLS AND FEVER.

*By Beverley Oliver Kinnear, M. D.,*
New York.

Opium and quinine appear to be the two most efficient agents in the treatment of intermittent fever which have yet been discovered; they are the mainstays in ameliorating the severity of the disease and curing it. But they fail at times and in many cases only temporarily relieve the attacks.

Our object in this concise paper is to place before the profession a treatment which will not only subdue a passing attack of the disease, but which will in the majority of cases effect a cure, and if used by the inhabitants of malarial regions during the summer season, will act as a preventive to seizures. This is apparently a large claim to make, but it may appear more simple after its exposition than before it.

Malaria is essentially a disease of low lands, with plenty of marshy soil partially covered by water, and much decaying vegetable matter exposed to the great heat of hot climates. The origin of the disease is usually accepted as a poison entering either the lungs or the stomach, emanating from this decaying vegetable matter. We believe this to be true in part and look upon it as one of the factors in the production of chills and fever, but not the sole one. There is another factor in many malarious and heated regions which we believe to have much to do with the causation of this disease, but which has not to any extent, so far as our knowledge goes, either been investigated, or thought of, as a source of this distressing complaint. This factor is temperature.

In hot lowlands with marshy soil, very often at night a cold mist rises from the ground; cool enough after the great heat of the day to strike with a chill people who are exposed to it, especially those who are of a delicate constitution. That this is true, natives of these regions will vouch, because many of them cannot venture out after the mist begins to rise without danger of an attack of chills and fever as a result. The high temperature of the day unduly dilates the arterioles in the sweat glands and the skin and muscular system and causes a general relaxation of the coats of the blood vessels; a condition of the body which induces a liability to the catching of cold in non-malarious districts; but when living in such a climate with a cold evening mist arising and striking the relaxed arteries of the whole body, is it at all surprising that the arterial circulation should unduly contract and a chill result? It does not appear improbable, more especially when the emanations from decaying vegetable matter are inhaled upon a hypersensitive bronchial mucous membrane and pulmonary alveoli, at the same time, causing a reflex action upon the sympathetic ganglia and thus a contraction of the general circulation.

In temperate climates, bad odors or poisonous emanations will cause some people to faint, to vomit, or induce an attack of illness in some other form; how much more then in climates which tend to exhaust the strength during very long summers. We believe that the poisonous emanations contained in these night mists of malarious regions particularly tend to the production of chill by reflex action from the respiratory passages, because the mist itself causes chill by the great change of temperature from that in the day; therefore the action of this miasmatic poison would be naturally to accentuate the contracted condition of the arteries, induced by the moist, chilly atmosphere.

At any rate, the result of the action of this double factor is chill, followed by fever and sweating.

It is known that children and delicate people in these regions are much more liable to chills and fever than those of stronger constitution, and it can be easily understood that where delicate people are exposed day by day to an undue

expansion of the arteries during the day and an undue contraction of them at night, after a time the balance of the circulation will be destroyed and they will suffer with chills at one time of the day and fever at another; in other words, they will become either too warm or too cold part of each day, or every second or third day, as the case may be, and have an attack of what is termed intermittent fever.

The blood at one time is unduly circulating throughout the whole of the surface of the body, at another is confined to the internal organs, the brain and spinal cord, to a large degree. Is it at all to be wondered at that the liver and spleen enlarge in this disease when we consider that the blood is forced in great excess into the internal organs with every chill; and is it surprising that the kidneys are hyperemic also in some cases and the mucous tract of the intestine, when we think that for days and months the blood may be constantly shut up during the chills within the interior of the body? What can take place in these enlarged organs under the conditions, but a chronically relaxed condition of their arterioles, with effusion in sequel? Also what can result in the more feeble constitutions, long exposed both to the poison and the evening chill, but a cachectic condition, almost impossible to overcome except by entire change of climate?

The treatment which we propose to consider is that of cold, and in some cases heat, applied over the nerve centers.

The chief function of the sympathetic nerve centers, or ganglia, is acknowledged to be the contraction of the arteries; they are the vaso-constrictor centers and we have proved the fact clinically hundreds of times by acting upon these ganglia by means of a double-columned rubber hot water bag in inflammations, in hemorrhages, in local congestions, such as hyperemic headaches, and in some of the eruptive fevers. When the heat is placed over the centers controlling the inflamed or congested area, it will invariably contract the blood vessels in the diseased location.

There is another set of nerves which are called the vaso-dilators and which when stimulated are acknowledged to dilate the arteries under their control; and they have been traced anatomically, in the glandular system, to the ultimate secreting cells of the glands. It is also pretty widely accepted as a fact, that every motor nerve carries with it a trophic or vaso-dilator fiber, and if so then all tissues in the body, whether glandular or otherwise, have a nerve which terminating upon the artery in that region, when stimulated, closes the blood vessel; and another nerve ending in the tissue cell which, when stimulated, will dilate the arteriole, and cause more blood to flow into the part. If this be so, then the circulation of the blood within the body is balanced by the normal action of these two sets of nerve centers; and if their equilibrium be destroyed we will have abnormal conditions arising from either a lack of circulation or an excess of it, according to the undue action of one set or the other.

If the sympathetic centers are overactive we will see the arteries contract and the patient become cold, as in malarial chill, or in the collapse of cholera, or in shock from severe injury. If the vaso-dilators act more powerfully than the sympathetic ganglia, then we will have fever, and high temperature, as in inflammations and all forms of fever.

Men may call this all a theory, but it is testified to as correct by many physiological experiments, as well as by anatomical research; and it is borne out as true by clinical observation during the use of heat and cold over the spine, in a great variety of diseased conditions.

We have been applying this method in the treatment of disease for the past sixteen years, and we have always found that cold over the spinal nerve centers elevated the temperature of the body when chilled, and that heat over the same lowered the temperature in feverish conditions.

In simpler language, cold over the spine will warm the body when chilled, and heat over the spine will cool it when feverish. Any medical reader of

these remarks can now begin to see that if what we declare be true, then the use of this system may be of great value in the treatment of chills and fever. And so in fact we have found it, although our practice in such cases has been very limited.

In the case of a man suffering with the tertian form of the disease the full length ice bag placed over the spine from the fourth cervical to the third lumbar vertebra one hour before the chill reached its greatest intensity caused an entire cessation of the chill, which had already begun when the application was made. The patient, who was much astonished and pleased, as he had been using quinine and other remedies for some weeks, without any effect whatever, bought a bag and took it with him on his travels for further use.

Another patient who had for years suffered from such coldness of the body, induced in the first place by exposure to malarial influences, that during the hottest nights in summer he required two or three blankets over him to keep him warm, and induce sleep, was entirely cured of this odd form of dumb ague in six weeks by the application of the full length spinal ice bag, used for one hour at a time, every night and morning. He suffered also from headaches, and severe indigestion, and these troubles also disappeared, directly the normal circulation was restored, and he gained greatly both in physical and mental strength; being able to work much longer, with less fatigue, than for many years.

In a third case, that of a lady aged forty, who had been troubled with "dumb ague" for many years, complicated with severe sciatica, the spinal ice bag, covering only the dorsal and first three lumbar vertebrae, was used, and in two months' time not only had the coldness of the body disappeared, but the sciatica was also cured, and has never reappeared, although some ten years have elapsed since treatment; she used the bag morning and night for one hour at a time.

These are all the cases which we have personally treated, but in hundreds of people suffering with cold extremities, and cold body from other causes, perhaps chiefly in cases of anemia, we have by the application of the spinal ice bag warmed the body, excited normal metabolic changes throughout the body, increased thereby the general nutrition, and relieved and cured the patients.

We desire to enter a little more fully into the conditions of the patient in the hot stage of the disease, and show how heat may then be used over the sympathetic ganglia, to the great comfort and relief of the patient.

Supposing the sufferer to have passed through the cool stage of the attack, and now suffers from a very high range of temperature, 106° or 107° Fahrenheit. The patient will be intensely restless, intensely thirsty, with symptoms denoting great excitement of the brain, and in some cases delirium does ensue. In such a case as this, the symptoms are very much like the form of sunstroke or heatstroke, in which there is very high temperature, and active congestion of the brain. If in such conditions we apply the spinal double column hot water bag, over the last four cervical and first four dorsal vertebrae, filled with water at 115° or 120°, in a very short time the blood vessels in the head will begin to contract, the patient's temperature will fall, and the sweating stage will be quickly entered upon; the effect of the heat so placed being to reduce the length of the stage of fever.

The accompanying sketch gives a view of the spinal ice bag, with its three compartments, one, two or three, of which may be used, as the occasion demands. If the full length bag be required, always fill the lower compartment first, and only to the bottom of the second one, then the second to the bottom of the first, and the top compartment to the thick piece of rubber at the top, across which the clamp is placed; if you desire to use only one compartment, use the top one, and turn the other two back over the bag, when applied. When the bag is filled with finely chipped ice, then screw on the clamp in its place; and let the bag stand on the table for a few minutes, when it

will be found bulged out with air, which has been latent within the ice, but the warm atmosphere has expelled it; now loosen the clamp, thoroughly expel

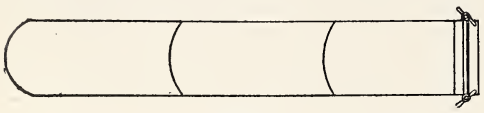


FIG. 1.

the air, rescrew the clamp as tightly as possible, and the bag is ready for use. Except in very tall people the bag should never be more than four and a quarter inches wide, otherwise it will chill the body, instead of warming it, and the average length of the bag for an adult is twenty-two inches.

The hot water bag is eight inches long and four and a quarter inches wide and divided into two columns, so that the heat will not cover the spinal cord, but only the sympathetic ganglia. If the bag cannot be obtained easily, then a roll of thick flannel may be used, one yard long and eight inches wide. It may be equally rolled from each end so that only one inch of flannel remains between the two rolls and then the rolls stitched so that they cannot come undone, as in the following illustration.

The rolls are then to be wet in water at 120° F., quickly wrung out and placed over the cervico-dorsal region, with a folded dry towel over them, when the hot stage of the intermittent is fully entered upon; the flannel may be re-wet every half an hour until relief is afforded. The thin piece of flannel lying between the rolls is to lie directly over the center of the spine so that the rolls are evenly

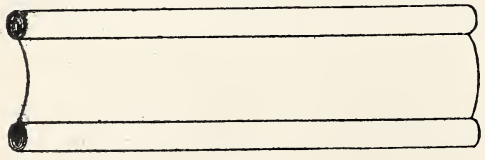


FIG. 2.

one on each side, and the cervico-dorsal region extends from the roots of the hair straight down the spine about eight inches.

There is another remedy which we advocate strongly in the cachectic condition induced by long continued chills and fever and that is the inhalation of oxygen and for the reason that it is used with great benefit in all anemic conditions. Oxygen increases the number of the red blood corpuscles, it stimulates the digestive organs, it is most active as a heart tonic, it strengthens the pulse and it is nature's remedy for the proper assimilation of the food. The uses of oxygen are but little understood as yet by the profession and the wide therapeutic range it will cover when properly combined and prepared. It must always be combined with a gas of lighter specific gravity in order to assure absorption by the capillaries, as pure oxygen is not only too dense for absorption, but in bronchial inflammations will irritate the mucous membrane.

The formula best adapted to therapeutic uses is that of the London Oxygen Hospital; it is composed of two parts of pure oxygen, one of nitrous monoxide, and one per cent. of ozone to keep it fresh, and it is endorsed by all the leading writers upon oxygen.

Oxygen by cylinder is easily administered; there is a tube which is connected with a stop-cock and all that is necessary is to place the tube in the mouth, close the nasal passages after strong expiration, turn on the stop-cock and inhale as deeply as possible; hold the inhalation as long as is comfortable, and slowly exhale through the nasal passages.

In the cachexia following frequent attacks of intermittent fever, it may be used with immense advantage to the patient; and the best method in such cases is two inhalations, with an interval of two minutes between them, taken in the erect position, and before each meal every day until convalescence is thoroughly established.

We fully believe that if the people living in malarious districts would supply themselves with a spinal ice bag and a hot water bag, that in adults the sufferings from chills and fever might be prevented to a great extent, ameliorated in intensity when they did appear

and cured in the majority of cases. Children require an ice bag suited in length and width to their height and size. That this system has a great future before it in the treatment of chills and fever we feel well assured, if the profession in these regions will apply it and watch its action carefully.

---

# REPORT OF A CASE OF TRIPLE PREGNANCY.

*By W. Milton Lewis, M. D.,*
Baltimore.

DURING the past summer the writer was engaged to attend Mrs. M., in her first confinement. At the time of the first observation she had noticed the absence of the menstrual discharge for but two periods.

She was tall and slender, a dark brunette, twenty-five years of age, very much emaciated, very weak and suffering from abdominal pains. She was born in Florida, had spent a year or two in Rhode Island and was last spring in Virginia. During her residence in Virginia she had suffered from typhoid fever, having been ill in all for seven weeks.

Two weeks after her recovery from her attack of typhoid fever the abdomen began to enlarge—at least no enlargement had previously been noticed—and in two weeks' time her abdomen presented the appearance of one at least six months advanced in pregnancy. Physical examination made at this time revealed nothing abnormal about the lungs or heart. The abdominal organs were much displaced owing to the distension of the uterine cavity. Upon careful palpation of the uterus, no head could be satisfactorily made out, but the extremities were palpable in every direction. It was believed that the case was one of multiple pregnancy, but no opinion was expressed as to the actual number of fetuses present.

Two months after this time the confinement took place. During the afternoon and evening some pains were present, but not especially severe. The next morning, however, the amniotic fluid was spontaneously discharged and to all appearances a speedy termination was in prospect. An hour, two hours, passed and no progress was noted. Pains had practically ceased. Preparations were made to apply instruments, but before these could be introduced the pains returned with increased vigor and a living child was born. "Extremities" were still to be felt and about ten minutes later a second living infant came into the world. The first child was a vertex presentation, while the second presented by the breech. The uterus soon contracted down to the size of an infant's head and it was presumed to contain nothing but placental tissue. Attention was then directed to the welfare of the two infants. Both were living and cried quite lustily. The cords were severed and dressed and they were handed over to the nurse.

Imagine the astonishment of the family, when upon placing the hand upon the abdomen for the purpose of expressing the placenta, more "extremities" were recognized and a third infant entered the world. This one, fortunately, however, proved to be the last.

The first and last births were females. The second one was a male. Their united weight was about seven pounds. It was not thought that any of the children would long survive. In point of fact, the third child died about two hours after its birth, apparently of weakness. The first born lived one week and the remaining infant three days longer, both apparently dying from weakness. The mother made an uneventful recovery and has since gained ten to fifteen pounds in weight. These cases are sufficiently rare to make each additional one reported of more than a passing interest.

Statistics state that one case occurs in

every 7000 births. In a series of about 2500 cases extending over a period of twenty-two years in the practice of Dr. Wilmer Brinton of Baltimore, no case has as yet been observed. In a personal experience of some three hundred cases, this is the only case of triplets observed.

Another subject of interest in these cases is the formation of the placenta and membranes. In the case here reported the placenta was arranged in the form of three lobes, as it were, each infant being attached by its individual cord to its own placental lobe. Further, it is interesting to note that each infant was enveloped in its own individual amniotic sac, while around all was the common chorion. This would seem to indicate the fertilization of but a single ovum. Sometimes one fetus dies in utero and becomes mummified. Such a case is preserved in the museum of the Woman's Medical College. Much yet remains for the embryologist to accomplish in this line.

## Society Reports.

### MARYLAND PUBLIC HEALTH ASSOCIATION.

FIRST SEMI-ANNUAL MEETING HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

THURSDAY, NOVEMBER 18, 1897.

DAY SESSION.

*Mr. Charles B. Rogers* offered a resolution requesting the printing and distributing among children of pamphlets explaining the early and most distinctive forms of disease, the value of proper ventilation, light and sanitation. These were all passed and referred to the proper committee.

NIGHT SESSION AT 8 O'CLOCK.

This session of the Association was confined exclusively to the subject, "The Sewerage of Baltimore." The topic was opened by Dr. Jas F. McShane, who read an abstract of the "Report of the Sewerage Commission."

*Dr. Wm. H. Welch* gave an elaborate address on "The Relation of Sewage Disposal to Public Health," in which he compared the sewerage of Baltimore with that of other large cities and exhibited charts showing the difference in mortality rates between sewered and unsewered cities, thus proving that the sewered cities were by far the healthiest ones. (See page 199.)

*Dr. Wm. Osler* followed the same line of thought, speaking on "The Relation of Typhoid Mortality and Sewerage," and said that the mortality from this disease would decline with improvement in the sanitary conditions. The death rate from typhoid fever forms an accurate measure of the efficiency of the sewage removal and the pureness of the water supply. With the completion of a good sewerage system in Baltimore the rate of mortality from all diseases, especially from typhoid fever, will fall very much.

*Professor Wm. K. Brooks* of the Johns Hopkins University spoke on "The Influence of Crude Sewage upon Animal Life in the Bay," and explained how the oyster played the part of a filter. If Baltimore will empty her sewage in the Bay, there is danger, said he, that the oyster may collect this material and return it to the city in the winter. It is a matter of recent observation that the oyster can cause typhoid fever and even cholera, and it has been proven that the germs of these diseases will live in the water and in the oyster itself, from two to three weeks at a time. The oyster industry in Baltimore is a large one and anything that would injure it should not be allowed.

*Dr. George H. Rohé* read a paper on "Methods of Disposal of Sewage." He thought that the sewage could be distributed over the land, and the value of the land would be greatly enhanced by this method.

*Dr. John S. Fulton* read a paper entitled "Will It Pay," in which he endeavored to show the great saving of not only money, but also life, each year, by a proper sewerage system.

*Mr. Mendes Cohen*, who was chairman of the Sewerage Commission, rather ridiculed the idea that the oyster industry would be injured by the sewerage in the bay.

At the Executive Session the following Committees were appointed :

*Committee on Legislation.*—Allegany, Mr. Robert R. Henderson ; Anne Arundel, Mr. Wm Gischell ; Baltimore county, Dr. P. F. Sappington ; Baltimore city, Mr. John K. Shaw, Dr. H. M. Hurd, Mr. Skipwith Wilmer ; Calvert, Dr. T. M. Chaney ; Caroline, Judge Geo. M. Russum ; Carroll, Dr. Clotworthy Birnie ; Cecil, Dr. Charles M. Ellis ; Charles, Dr. Louis C. Carrico; Dorchester, Dr. John Mace ; Frederick, Hon. Milton G. Urner ; Harford, Dr. C. A. Hollingsworth ; Howard, Dr. T. B. Owings ; Kent, Mr. John W. Harper ; Montgomery, Mr. H. C. Hallowell ; Prince George's, Dr. M. B. Humes ; Queen Anne's, Dr. James Bordley ; St. Mary's, Dr. Thomas Lynch ; Somerset, Dr. W. F. Hall ; Talbot, Dr. Isaac A. Barber; Washington, Dr. J. McP. Scott, Wicomico, Mr. M. V. Brewington ; Worcester, Mr. C. E. Melvin.

*Committee on Organization.*—C. J. Orrick, Dr. J. M. Worthington, Dr. P. F. Sappington, H. P. Hynson, Dr. J. F. Hancock, Dr. Mary Sherwood, Mr. Geo. R. Ash, Mr. T. S. Owens, Mr. R. G. Henry, Dr. W. H. Baltzell, Mr. P. L. Hopper, Dr. W. F. Hines, Dr. August Stabler, Professor R. W. Silvester, Dr. A. E. Sudler, Rev. W. H. Logan, Dr. L. B. Johnson, Professor George C. Pearson, Mrs. A. J. Benjamin, Dr. E. J. Dirickson, Dr. George H. Jones, Dr. Fred. R. Malone, Mr. L. H. Dielman.

## Medical Progress.

Manganese in Dysmenorrhea.—In the treatment of dysmenorrhea Dr. Charles O'Donovan of Baltimore has much faith in the use of manganese and in the *Medical News* he reports a number of cases to prove his point. The best results seem to come when there is a history of general malaise before the flow begins, with some pain, growing rapidly worse as the fever is about to commence and pain more or less severe during the first day.

He sometimes gives the manganese alone and sometimes combined with the dried sulphate of iron and the solid extract of nux vomica. His results have been so good that he gives the doubtful advice that no unmarried woman who complains only of dysmenorrhea should be subjected to a digital or instrumental examination for the purpose of diagnosis until she shall have taken a full course of manganese during at least three months.

This is, in general, a good rule for some cases, but it would hardly be fair to attempt internal medication for a trouble which may depend on some displacement of an organ which no internal treatment will effect. Dr. O'Donovan advises giving small doses at first.

* * *

The Use of Chloroform. — In *Gaillard's Medical Monthly*, Dr. Eugene Lee Crutchfield of Baltimore says he always prefers chloroform as an anesthetic and has never seen a death from it. He has seen persons apparently near death, but they have been resuscitated by proper treatment. He has used ether but three times and does not like its effects.

* * *

The Permeability of the Skin.—Manassein (*American Journal of the Medical Sciences*), who examined skin from a syphilitic subject who had used mercurial inunctions, concludes that the living, uninjured skin of mammals is impermeable for salves with the usual inunction methods, but salves may permeate to varying depths into the hair follicles.

* * *

Saline Injections in Infantile Cholera.— Loin of Brussels (*British Medical Journal*), in children from 6 weeks to 3 months old, the subjects of infantile cholera resisting all sorts of treatment, has had recourse to subcutaneous injections of normal saline solution in doses of 50 c.cm. morning and evening. After the first or second injection the frequency of the stools diminished; they began to regain their normal consistence and appearance and in a few days the patients recovered.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JANUARY 1, 1898.

### *Bay View Hospital and the Medical Schools.*

THE immense clinical facilities of Bay View Hospital with its many beds so far attracted some of the medical schools of Baltimore that several years ago an agreement was made between the City of Baltimore and some of these schools according to which these schools should have the appointing power of the resident and visiting staff and the city should pay the bill.

This was apparently a very good arrangement until gradually, perhaps in connection with the lengthening of the curriculum from two to four years, the visiting physicians grew lax in their work, the students not being compelled to attend the clinics there preferred to stay home, and finally the small stipend which was intended for transporting the visiting staff, with the far-reaching rapid transit lines, was cut off and in too many cases the work of the visiting staff was a farce. The students do not care to go at an inconvenient hour, especially when the weather is unfavorable, and by degrees the visiting staff has grown in too many cases to be one in name only.

Yet the schools which have the advantages of using this immense storehouse of clinical material continue to count Bay View Hospital among their clinical attractions although the visits of students there are rarely made. Of late the new Board of Trustees of Bay View Hospital, which has full control of the building, have asked the schools if they are doing what was agreed to be done. The whole matter needs a thorough revision.

It would be a grave mistake for the schools to give up Bay View and yet they should not announce clinics and demonstrations unless they are actually given and regularly given, and unless some means are taken to make the students go out. The number of surgical cases is not very large but many very instructive operations are done there with no witnesses but the operator and the house staff. On the medical side there are naturally many chronic cases but there are cases of valvular heart disease, cases of pulmonary consumption in various stages, and of late the policy of the Board has been to admit acute cases, such as pneumonia, pleurisy and typhoid fever, many of which formerly went to the city hospitals.

Under the present Board of Trustees and the ever watchful eye of the superintendent, the condition of Bay View has changed very markedly in the past year. The hospital department has a modern aspect and the character of nursing has been brought up to date by the introduction of trained nurses to supplant the untrained nurses who formerly tried to fill the duties of a nurse while they were chronic patients.

Bay View Hospital contains too much rich material to be allowed to be neglected, and if some of the schools do not see the way clear to arrange clinics and demonstrations at a time and in such a manner that students will be obliged to attend, other schools may see fit to conduct the visiting duties in a manner satisfactory to the trustees and advantageously to the patients.

School catalogues should contain no false statements and if the schools announce clinics at Bay View they should carry out their contract or else abandon these suburban lectures and admit their inability to fulfil their agreements.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending December 25, 1897.

| Diseases. | Cases Reported | Deaths. |
|---|---|---|
| Smallpox | | |
| Pneumonia | | 15 |
| Phthisis Pulmonalis | | 15 |
| Measles | 12 | |
| Whooping Cough | 4 | 2 |
| Pseudo-membranous Croup and Diphtheria. | 67 | 11 |
| Mumps | | |
| Scarlet fever | 18 | 1 |
| Varioloid | | |
| Varicella | 4 | |
| Typhoid fever | 4 | 6 |

Dr. Franklyn George died at Roanoke, Virginia, last week. He had formerly lived at Danville.

The Johns Hopkins University will probably make an appeal to the Legislature of Maryland for aid.

The New York University Medical College has a chair of Tropical Diseases, under the charge of Dr. J. E. Stubbert.

Dr. Percy Wade's report of the Maryland Hospital for the Insane shows that institution to be in an excellent condition.

Dr. Zertucha, who was the physician of the late General Antonio Maceo, has been appointed mayor of Rejucal, Havana.

A bill having for its object the radical improvement of the insane in Maryland will be presented to the Legislature of Maryland at its coming session.

Dr. Jacob H. Jones, a prominent physician of Mt. Jackson, Virginia, died last week. Dr. Jones was graduated from the University of Maryland in 1852.

Mayor Malster of Baltimore has authorized Health Commissioner McShane to purchase diphtheria antitoxine for free distribution among the city poor.

An Anti-Vivisection Society has been formed in Maryland, and the members propose to bring test cases against institutions and individuals for alleged cruelty to animals. The Legislature may also be asked to restrict or prohibit this practice.

Dr. William Voorhees, a prominent physician living in Fredericksburg, Virginia, died recently, aged 62.

By the will of the late Miss Charlotte Tyson of Baltimore, $2000 is left each to the Church Home Infirmary and to the Johns Hopkins Hospital. The will is to be contested.

Chief Veal of the Atlanta Health Department, who is so frequently exposed to dangerous diseases among the colored population of that city, has been vaccinated 263 times without a pustule.

A wing of the General Hospital at Kingston, Ontario, was destroyed by fire Christmas Eve. Much difficulty was experienced in rescuing the inmates, but finally all were gotten out safely. The loss is about $12,000.

A Board of Medical Examiners of the Marine Hospital Service will be convened in Washington, D. C., on January 25, 1898, for the purpose of examining applicants for the position of Assistant Surgeon in that service.

At the last meeting of the Teachers' Institute of Washington County, Maryland, and held at Hagerstown, Dr. J. McPherson Scott, Health Officer of Washington County and Secretary of the State Board of Medical Examiners, delivered a most timely and interesting address on "Public School Sanitation."

A dentist who has come from another State to Maryland, and who has failed to pass the State Dental Examination, has applied for an injunction restraining these examiners from enforcing the act in question as far as he is concerned. This may serve as an example to many unfortunate medical graduates who failed before the medical board.

Dr. H. P. C. Wilson died at his home, 814 Park Avenue, Baltimore, last Monday afternoon, in the seventy-first year of his age. While he was never a robust man he did not suspect his present trouble until about five years ago, and even then he kept up bravely until within a few days of his death. Dr. Wilson was in many ways one of the most remarkable physicians of Baltimore. He was born in 1827, in Somerset County, Maryland, and after taking the degree of A. B., at Princeton College in 1848, he studied medicine at this same institution and later at the University of Maryland, receiving his medical degree from the latter school in 1851.

He was never a strong man, but he has always been an example of what hard and steady work, with pluck and perseverance, will accomplish. He started to practice in Baltimore with a small number of friends; but with no one to assist him, and without the help of a medical school, hospital or any public charity, he soon made his way to the top by his unaided efforts as a general practitioner and later became one of the earliest and most prominent gynecologists and obstetricians in this country. In all these years he was an active worker in the various medical societies, in all of which he occupied positions of honor and trust, and he contributed largely to medical literature, many of his articles having been widely read and translated. His reputation was not confined to Baltimore, for he was an intimate friend of such men as Sims, Fordyce Barker, Thomas and Emmett, and as an active member of the British Medical Association he had a large number of close, personal friends among the profession of Great Britain. He was a man highly respected for his earnest, Christian character, a model husband and father, and as a friend of the young man he helped many a struggling physician to success. In connection with Dr. William T. Howard he was at the head of the Woman's Hospital of Maryland. He was consulting gynecologist to almost every important institution in Baltimore, including St. Vincent's, St. Agnes and the Johns Hopkins Hospital. He was at one time President of the State Medical Society and the Baltimore Academy of Medicine, one of the founders of the American Gynecological Society and its President in 1889, one of the founders of the Baltimore Obstetrical and Gynecological Society and its President in 1887 and 1888, honorary member of the Edinburgh Obstetrical Society, Ex-Vice-President of the British Gynecological Society, and Honorary Fellow of the Washington Obstetrical and Gynecological Society. He was one of the pioneers in performing many difficult operations, such as ovariotomy during pregnancy, and also during menstruation. Dr. Wilson, whose full name was Henry Parke Custis Wilson, was descended from the celebrated Custis family, one of whom became Mrs. George Washington. Dr. Wilson leaves a widow and five children, one of whom is Dr. Robert T. Wilson.

## Book Reviews.

PRINCIPLES OF MEDICINE. Designed for Use as a Text-Book in Medical Colleges and for Consideration by Practitioners Generally. By Charles Mack, M. D., Chicago. The W. T. Keener Co. 1897. $1.00, net. Pp. 133.

This little book, divided into subjects which have appeared in substance elsewhere, has a mission to perform; it is intended to show just what the cure sought is in any given practice of homeopathy—to show that that cure cannot be intelligently attempted except under the guidance of *similia similibus curantur* as law. The author has succeeded to his own satisfaction in carrying out the purposes of the book. It is rather interesting as a curiosity.

AN EPITOME OF THE HISTORY OF MEDICINE. By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based Upon a Course of Lectures Delivered in the University of Buffalo. Illustrated with Portraits and other Engravings. Extra Cloth, Beveled Edges, $2.00 net. Philadelphia, New York, Chicago: The F. A. Davis Company, Publishers. 1897.

The author opens his preface with the true words that "the history of medicine has been sadly neglected in our medical schools." Fortunately, however, it is just such works as this that help to atone for this neglect. While this work is called an epitome it is sufficiently full to be very interesting. Most of the book treats of the history of medicine in the older countries and in the last part the author takes up the history of medicine in America. Sepsis, asepsis and antisepsis are fully discussed. The last chapter treats of the history of dentistry. There are over fifty illustrations of men and places.

THE MENOPAUSE. A Consideration of the Phenomena which Occur to Women at the Close of the Child-Bearing Period, with Incidental Allusions to their Relationship to Menstruation. Also a Particular Consideration of the Premature (Especially the Artificial) Menopause. By Andrew F. Currier, A. B., M. D., New York City. New York, D. Appleton & Company, 1897.

It is from just such monographs as this that much can be learned. The author has had this book under consideration for many years, for not since the early work of Tilt has the subject been systematically presented to the

profession. There is so much tradition and old women's fables hovering around the menopause and every ill possible occurring about the climacteric is supposed to be due to the menopause, which should be a purely physiological process, just as is the beginning of menstruation. The most interesting chapter is that on the phenomena of the menopause, normal and morbid, and their duration, the premature and the retarded menopause. The treatment suggested is simple and effective and what would naturally be suggested by common sense. The author attempts to disabuse the mind of any connection between the menopause and the occurrence of cancer of the womb or breast. Dr. Currier's book is printed and bound in a most attractive form and will undoubtedly serve the useful purpose for which it was written.

## REPRINTS, ETC., RECEIVED.

Stone in the Kidney. By Charles R. Robins, M. D. Reprint from the *Virginia Medical Semi-Monthly.*

Chloralamide (Schering). The New Hypnotic. Sixth Revised Edition. Lehn & Fink, New York, 1898.

Acquired Umbilical Hernia in Adults. By George Ben Johnston, M. D. Reprint from the *Medical Register.*

Value to the Public of State Medical Societies. By George Ben Johnston, M. D. Reprint from the *Medical Register.*

Splitting the Kidney Capsule for the Relief of Nephralgia. By George Ben Johnston, M. D. Reprint from the *Medical News.*

The Symptoms and Treatment of Hepatic Abscess, with a Report of Seventeen Cases. By George Ben Johnston, M. D. Reprint from the *Transactions of the American Surgical Association.*

A Contribution to the Technique of Operations for the Cure of Laceration of the Pelvic Floor in Women. By C. P. Noble, M. D. Reprint from the *American Gynecological and Obstetrical Journal.*

Comparative Frequency of Stone in the Bladder in the White and Negro Races. By George Ben Johnston, M. D. Reprint from the *Transactions of the Southern Surgical and Gynecological Association.*

# Current Editorial Comment.

## MEDICAL INCREDULITY.

*International Journal of Surgery.*

IT is a strange fact that in some of the most scientific minds disbelief assumes a character of chronicity, and that in other minds, less scientific, we often find disbelief connected with an astonishing want of knowledge in regard to certain subjects. We find among our ranks, for instance, a large number of men who are amazingly incredulous in regard to the action of drugs, and here we very often see the coexistence of a lamentable lack of scientific therapeutical knowledge.

## THERAPEUTICS AS AN ART.

*Northwestern Lancet.*

NO ONE can deny that progress in therapeutics has of late years been astonishingly rapid. Not only have there been improvements and additions to all the old lines of treatment with the proper abandonment of many that have been weighed in the balance and found wanting, but the science has been enriched by the discovery of methods entirely new and original, as for example the serum therapy and the administration of ferments and their products. Hand in hand with this has gone the advance of preventive medicine, with additions to the inoculation method which formerly was represented only by vaccination, but is now performed at least in rabies and diphtheria, and probably experimentally in other diseases where the results have not as yet been announced.

## INDEFINITE TREATMENT.

*Massachusetts Medical Journal.*

IF, as a mass, physicians do not appreciate the fact that drugs cure diseases, or do not avail themselves of it, the non-medical public will soon make capital of such obtuseness. If the inquiry is pushed, why patent medicine vendors have such success, it is because many of them deserve it. They take great pains to secure a recipe for some common complaint, they purchase the purest and freshest drugs to compound it, and they assert and reassert that it will cure such and such a disease. A manufacturing chemist who prepares such preparations explained on these grounds the great popularity of his medicines, and no doubt he is correct. If the regular physician is feeble in his faith in the curative powers of nature's products — the worse for him.

## PROGRESS IN MEDICAL SCIENCE.

A Removable Cause of Consumption.—Keating, in his work, "Diseases of Children," says that bad air is notoriously influential in causing consumption. Regular disinfection of closets, cellars, cuspidors, sinks and waste pipes with Platt's Chlorides will insure pure air in the home.

Phthisis; Winter Coughs.—The treatment of phthisis, or pulmonary tuberculosis, is ever of interest to the practitioner of medicine; at this time of the year, especially so. Like the poor, "it is always with us." So many specifics for this affection have from time to time been heralded to both the profession and the public, that it is doubtless true that thousands of human lives have been sacrificed while demonstrating their worthlessness. It has time and time again been proved that the best results in this disease can be attained by the use of what I may term "standard" remedies. Standard among the standard remedies referred to stands one that may with truth be called "Nature's Own Remedy," inasmuch as it is obtained from the very bowels of Mother Earth—Petroleum. The Angier Chemical Co. of Boston have placed this remedy in our path in palatable form, combining with it the well-known hypophosphites. This emulsion supersedes cod liver oil in more ways than one, not the least of which is that it is palatable; consequently does not disorder digestion or produce nausea. This in many cases is of the greatest importance. In regard to its therapeutics it may be said that it is antiseptic, antispasmodic, stimulant, diaphoretic, nutrient and expectorant. By its use the cough is at once ameliorated, the perspiration is diminished, the patient is strengthened, thereby enabling him to expectorate the loosened mucus with greater ease; fetid odors are made less so, and frequently the consumptive steadily improves and regains health. In the first stages of this disease it is certainly curative, as can be verified by any practitioner giving it a faithful trial. In the commoner coughs, often spoken of as winter coughs, even not of tubercular origin, and also bronchitis, Angier's Petroleum Emulsion is invaluable. —J. D. Albright, M. D., Pottsville, Pa.

The Assimilation of Iron.—The following combination, successfully and scientifically put in pill form, produces, when taken into the stomach, carbonate of protoxide of iron (ferrous carbonate) in a quickly assimilable condition:

Ferri Sulph. $FeSO_4$ } = Ferri Carb. $FeCo_3$
Potass. Carb. $K_2SO_4$ } = Ferri Sulph. $K_2SO_4$

"Iron," says *Le Progres Medical*, "is one of the most important principles of the organism, and the only metal the presence of which is indispensable to the maintenance of life. It exists in all parts of the system, but nowhere does it acquire such importance as in the blood. The blood of a person in good condition contains about forty-five grains of iron; when this amount is diminished a decline takes place, the appetite fails, the strength is enfeebled and the blood loses its fine natural color and qualities. In a great number of diseases, such as anemia, chlorosis, hemorrhages, debility, etc., it sometimes happens that the blood has lost half its iron; and to cure these diseases it is absolutely necessary to restore to the blood the iron which it lacks, and great care should be exercised that the most assimilable form of iron be used, one that penetrates into the organism without unduly taxing the digestive tract or interfering with the essential qualities of the gastric juice." In chloro-anemia, Warner's Pil. Chalybeate Comp. regenerates the diseased red globules of the blood with a rapidity not before observed under the use of other ferruginous preparations; it adds to their physiological power and makes them richer in coloring matter. Moreover, being neither styptic nor caustic and having no coagulating or astringent action on the gastro-intestinal mucous membrane, this preparation of iron causes neither constipation nor diarrhea; as it does not need to be digested in order to be absorbed; it gives rise to no sensation of weight in the stomach, or the gastric pain and indigestion occasioned by other preparations. In women who have not menstruated for many months, the amenorrhea disappears; in others suffering from an anemic state of long duration, give Warner's Pil. Chalybeate Comp. one or two after each meal, which will soon restore the blood to its normal state. The small quantity of nux vomica is added to increase the tonic effect, give tone to the stomach and nerves, and increase the appetite.—*Therapeutic Gazette*, November, 1896.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 13. BALTIMORE, JANUARY 8, 1898. Whole No. 876

## Original Articles.

# THE RELATION OF TYPHOID MORTALITY AND SEWERAGE.

*By William Osler, M. D.,*

Professor of Medicine in Johns Hopkins University.

My text is the trite statement that typhoid fever is the sanitary index of a city. I will consider the question briefly under three headings:

1st. The mortality from typhoid fever has everywhere progressively declined with improvements in the sanitary conditions.

In 1838 in England 1228 persons died of fever, typhus and typhoid, per million of living. Twenty years later the figures were reduced to 918; in 1878 to 306 of typhoid and to thirty-six of typhus fever. In 1892 only 137 died of typhoid fever, and only three of typhus per million living. In London the death rate per million of living was 307 in 1869; in 1892 it was 102. Three factors have been concerned in this extraordinary saving of life—the cleansing of towns, the purification of the water supplies, and the introduction of good sewers.

2d. The death rate from typhoid fever forms an accurate measure of the efficiency of the sewage removal and the pureness of the water supply.

Mr. J. W. Hill, an engineer, has recently tabulated the statistics of sixty-five cities with reference to the death rate from typhoid fever during the five years, 1890-1894, inclusive, and has grouped them into seven classes. I am sorry to say that Class I, comprising thirteen cities, which have a death rate from typhoid fever under ten per 100,000 living, contains no American city. On the other hand, in Class VII, which comprises thirteen cities, with a death rate from typhoid fever over sixty per 100,000 inhabitants, all are in this country, except Milan, Cairo and Alexandria. The lesson of several of the European cities is worth reading. I can only take time to refer to Munich. The mortality per 100,000 of inhabitants in that city in 1857 was 291, and kept at a high rate until about 1865, when there was an improvement in the water supply, with a reduction of almost 50 per cent. in the number of cases of typhoid fever. After the introduction of the new system of drainage the mortality was still further reduced, and in 1887 it was only ten per 100,000 of the inhabitants.

3d. Baltimore has a typhoid fever death rate of a fairly well-watered but unsewered town.

During the years 1893, 1894, 1895 and 1896, 908 persons died of this disease, an average of 227 yearly. Prior to the introduction of a good water supply the death rate was seventy-four to eighty per 100,000 of the inhabitants, figures now reduced to about forty-one. Good water alone is not sufficient, as shown by the experience of the cities of Dantzig and of Stockholm. In the latter the death rate from typhoid fever fell *pari passu* with the number of meters of sewers—from fifty-one per 100,000 inhabitants in

1877 and 8937 meters of sewers to seventeen deaths per 100,000 inhabitants in 1887 with 65,709 meters of sewers.

We may confidently expect with the completion of a good sewerage system the present death rate of Baltimore, of about forty per 100,000, to fall to that of the cities of the first class, from four to eight per 100,000 inhabitants. What does it mean in cold figures that 204 persons died in Baltimore last year of typhoid fever? The loss to a community of a person in the prime of life may be placed at $2000. The total funeral expenses would amount at a low estimate to $5000. About 12 per cent. of those attacked die, so that the total number of cases of typhoid fever last year in the city may be placed at about 2500. The loss in wages at $1 a day during the illness may be estimated at over $100,000; nursing and doctor's bills, estimated at the low rate of $25 per case, gives $62,500—a year's fever bill of about $575,000 against the city of Baltimore for one disease, a sum sufficient to pay the interest on the most expensive plan presented by the commission.

The penalties of cruel neglect have been paid for 1896; the dole of victims for 1897 is nearly complete; the sacrifices will number again above 200. We cannot save the predestined ones of 1898, but what of the succeeding years? From which families shall the victims be selected? Who can say? This we can predict—they will be of the fairest of our sons and of our daughters; they will not be of the very young or of the very old, but the youth in his bloom, the man in the early days of his vigor, the girl just wakening into full life, the young woman just joying in the happiness of her home—these will be offered to our Minotaur, these will be made to pass through the fire to the accursed Moloch.

This, to our shame, we do with full knowledge, with an easy complacency that only long years of sinning can give. It is not likely that we can abolish typhoid fever completely as we have abolished typhus, but we can reduce it to a minimum, and if the experience of other cities is worth considering this will be effected by the introduction of a complete system of sewerage, and, moreover, the total cost of any plan, however elaborate, however costly, would be fully reimbursed in the course of a few years by the saving of life and of unnecessary expense in typhoid fever alone.

---

# A GLANCE AT PSYCHIATRY AND NEUROLOGY,

## AS IT EXISTS TODAY, AND IN THE OLDEN TIMES.

*By Alexander L. Hodgdon, M. D.,*

Dispensary Physician to the Department of Nervous Diseases, College of Physicians and Surgeons, Visiting Physician to the Home for the Aged, Baltimore, Maryland.

READ BEFORE THE FAIRFAX COUNTY, VIRGINIA, MEDICAL SOCIETY (BY INVITATION) AT ITS QUARTERLY MEETING IN AUGUST, 1897.

*Mr. President and Gentlemen of the Fairfax County Medical Society*—Before introducing the subject upon which I have been announced to speak I desire to thank you for the courtesy extended me by your learned president, through whom I have the great pleasure of being with you today and the honor of addressing this association.

Psychology and neurology! What a world of meaning is embodied in these two words! Great as have been the fields opened to our wondering view, they may be minutial when compared to the possibilities that are still latent, waiting only for the genius of the scientist to develop their slumbering qualities and infuse life into their lethargic forms, ready to burst at a moment's notice into a blaze of light, illumining the horizon of learning and creating in us amazement, that what we may then see plainly

so long lay hidden beneath the mantle of darkness. And as we gaze we see a rift in the cloud that has so long obscured the bright rays of erudition. We find primarily that the individual afflicted with a disordered brain is no longer chained to the dungeon floor, or, as in the Middle Ages, neglected and put out of sight as a creature horrible and unwholesome to behold, but is tenderly cared for at home or in asylums by his relatives, or, in case of poverty, the State is vigilant that he does not suffer, and is supported by the municipal authorities in a comfortable manner.

Madness is now considered to be an emanation from a brain diseased, and the action of the lunatic is no longer considered to be his normal desire. Neither is it considered any longer a disgrace to have a relative a victim of insanity, as all now know that the integrity of the brain, in some way or other, may be attacked after the same manner as that of other portions of the body. In Egypt the insane resorted to the temple of Saturn, while in Greece it was the Asclepia which they visited, and the treatment was nearly identical as that which is in vogue today; but in the Middle Ages their lot was an unhappy one, and in the beginning of American colonization there was many an hysterical girl, with anesthetic areas, who paid the penalty of her disease with her life, suffering death at the stake as a witch. We find upon examination certain definite spots in the brain which are most intimately associated with cerebration.

Starr, in his work on Brain Surgery, gives a very good description of the brain centers as follows:

"The sensori-motor area includes the cortex of the anterior and posterior central convolutions which border the fissure of Rolando and the adjacent cortex in front and behind these convolutions. Each hemisphere controls movement on the opposite side of the body, but as the right hand is more generally used and is better trained than the left, this area is longer on the left hemisphere than on the right. The cortex of the posterior part of the second frontal convolution controls the movements of the eyes and head. Impulses starting from this area produce conjugate movement of these parts toward the opposite side. The eye district is below, the head district above. the lower third of the anterior and posterior central convolution governs the movements of the face, tongue, larynx and pharynx. The eyebrows and cheeks are controlled by the upper and forward part of this area; the tongue and larynx by the lower and forward part; the mouth pharynx and platysma by the hinder part. The middle third of the anterior and posterior central convolutions governs the movements of the upper extremity, the shoulder motions being controlled in the anterior and upper part of this area; the elbow motions in its middle part, and the hand and finger motions in the posterior and lower part. The upper third of the anterior and posterior central convolutions, including their junction in the para-central lobule, controls the motor of the lower extremity, the thigh, knee, foot and toes being governed by various parts of this area from before backward in the order named."

Horsley points to the cortex in front of the leg area or the convexity as the probable location of the trunk area. Horsley says that the areas of representations of different limbs merge into one another. Thus in the representation of the thumb we find that there is a focus, but that the thumb is represented over a great deal of the upper limb region, and that this representation diminishes in intensity gradually as we pass from the focus upward.

This explains the fact that the excision of a small area does not totally paralyze the portion of the limb represented chiefly on that area. The adjacent areas represent to some extent that limb, and hence can govern it if need be. The speech areas are of four kinds and in four locations; they are limited to the left hemisphere in right-handed persons and in the right hemisphere in left-handed persons. There is the motor speech area in the posterior part of the third frontal convolution in which the movements condensed in the act of speaking are controlled. The use of language and the power of talking are affected when this region is destroyed. There is the audi-

tory speech area in the first and second temporal convolutions in which the memory of word sounds is stored up. The understanding of language and the power of recollecting the name of objects are lost when this region is destroyed. There is the visual speech area in the lower part of that region in which the memory of printed words is stored up. The understanding of written language and the power to read are lost when this region is destroyed. The power of writing is a part of speech, and is usually lost when the motor speech area is destroyed, but its exact location is not fully determined, some cases pointing to the second frontal convolution near the hand center as its probable central position. The area of sensation of sight is located in the occipital lobe of the brain, including the areas on the median surface and the occipital convolutions on the convexity. The cortex lying in the calcarine fissure is the part primarily reached by the visual impulses, but the parts named are also concerned in vision. Each occipital lobe receives impressions from one-half of both eyes; hence a lesion in one lobe produces hemianopsia or half-blindness in both eyes, the blind field of vision being on opposite side to the lesion. The area of sensations of sound is located in the first and second temporal convolutions of the brain. Each ear is connected with both hemispheres; hence deafness from a unilateral lesion is only partial and is not generally noticed. But if both temporal lobes are destroyed the patient becomes totally deaf.

The area of sensations of smell and taste is located at the tip of the temporal lobe, on its under and inner surface, which rests on the sphenoid bone. Each lobe is related to sensory organs on both sides, and a unilateral lesion does not often produce noticeable symptoms. There are large areas of the cortex of the brain whose function is undetermined. There appears to be a certain relation between the frontal lobes of the brain and the higher forms of intellectual activity, the powers of fixing the attention and of reasoning and of self-control, and lesions in the frontal region, especially on the left side, are quite uniformly attended by mental dullness, apathy, lack of power of concentration and imperfect self-control.

As to the functions of the centrum ovale, it is known that through this region the great brain tracts pass in various directions; many of these connect the various areas of the cortex with their respective sensory, or motor, mechanisms in the base of the brain and spinal cord; others join the different areas of the cortex, with their respective sensory or motor mechanisms in the base of the brain, or spinal cord; others join the different areas of the cortex with each other, thus bringing about a combination of sensory impressions into a single mental image. Others again unite the two hemispheres of the brain with one another, it being certain that symmetrical areas must act in unison on the two sides.

The basal ganglia, the corpora striata and optic thalami lying deep within the hemisphere are masses of gray matter whose function is undetermined.

The crura cerebri, pons and medulla contain the centers of the various cranial nerve nuclei, and hence cranial nerve palsies are caused by disease in them. They transmit motor and sensory tracts to the spinal cord; hence numerous symptoms appear when they are injured. The cerebellum lying in the posterior cranial fossa beneath the tentorium cerebelli controls the equilibrium of the body. Hence disturbances of the nature of staggering and vertigo are produced by lesions affecting it, especially if its median lobe is involved. All of this information is valuable, not only in the way of throwing much light on psychology, but also in pointing out to us when and where we may operate when lesions of the brain are present. But mental and nervous affections do not all of them necessarily have to coexist with some discoverable lesion; many of these diseases may be due to a reversal of the normal neural currents of the brain, thus overthrowing the equilibrium of the general nervous system and creating havoc, which makes its denouement as some one of the insanities or hysteria. We cannot deny that violence or illness sufficient to cause demonstrable lesions is unnecessary to bring about death.

A sudden reversal of normal neural currents, in the form of shock, without violence, will suspend totally the cardiac impulse and death will ensue. This has been observed frequently in the case of persons who have died from fright. I have treated a case of melancholia where the only cause for the mental aberration was the sudden adoption of sexual continence by a very passionate man, in order that he might save his delicate wife from bearing any more children. This was a typical case of melancholia, with an hysterical element, and one of the most severe cases I have ever been called upon to treat, and the inception of the insanity followed directly upon the abandonment of sexual intercourse. Disappointment in love is, I have no doubt, frequently a cause of mental derangement, and fear, anger or chagrin, I could imagine, would, in many instances, precipitate lunacy in a susceptible individual.

Among the more tangible causes are Bright's disease, which in some instances may culminate in the insanity of Bright's disease, which is very intractable, and considerable difficulty may be experienced keeping the patient indoor. There are many forms of insanity, melancholia, acute mania, monomania, epileptic insanity, hysteromania, folie circulaire, etc. In reference to neurology, in speaking of chorea, it will be found that a great many of its subjects have a rheumatic history of some kind. They individually may not have rheumatism, but by careful inquiry you will be apt to find that an aunt or the father had some rheumatism, and it is well also to try and diagnosticate between chorea and choreiform hysteria.

In epilepsy, look very carefully for some peripheral irritant; it may be a tooth pressing on the gums or an adherent foreskin, and look very carefully for depressed spiculae of bone, which may be pressing on one of the motor areas of the brain. Hysteria is multiform in its manifestations; one form, hystero-epilepsy, so closely resembles epilepsy as to puzzle for a time the most expert diagnostician. Sometimes the patient will simulate the barking of a dog, at other times it will require a number of persons to control the movements. Absence is rarely if ever a symptom in hystero-epilepsy, while in true epilepsy it is very constant. Biting the tongue is almost pathognomonic of epilepsy.

As I observed before, a great change has taken place in the treatment of insanity, the patient either being treated at home or in a suitable asylum. Home I consider the best place, if the means of the patient will allow of two good trained nurses, one for the night and the other for the day, or if the brainstorm is one which will not be liable to continue long, but will soon blow over, and leave the brain unclouded. In such an instance the patient's friends might undertake to nurse him for a short period. Particularly would I call the attention of physicians practicing in the country to any cases of post-febrile insanity which it may be their privilege to treat. I said privilege, because I believe by prompt treatment an insanity, readily treated in its incipiency, may be prevented from becoming chronic and forming one of the most intractable chronic insanities to treatment which exist.

Concentrated food and stimulants, with doses of bromide of sodium, adapted to the case, should be given. Cases of acute mania and melancholia, and all cases of insanity, should be well fed, and the medical treatment adapted to the case is hyoscine hydrobromate and extract of cannabis indica (Herring's). Opium and chloral are among the sedatives. In the treatment of diseases of the nervous system I would say that arsenic stands pre-eminent in chorea, starting with one-drop dose in the adult, and increasing it one drop every day, carefully watching its effects and lessening the dose just so soon as systemic effects are produced, or sooner, if the choreic movements are relieved. It may almost be called a specific in this disease, and its action is truly something wonderful. In hysterical manifestations, sodium bromide holds quite a place, as well as valerian and asafetida. During the paroxysms, the Faradic current is good to relieve the patient, and is a very good tonic in the intervals. For hysteria and organic paralysis, electricity is beneficial and should be used.

In epilepsy nothing seems to be able to supplant the bromides, which should be given in full doses, if the smaller doses do not have their effect. I have also given nitroglycerine, 1-100 of a grain, three times a day, and in cases where there is a distinct aura, two to five drops of amyl nitrite may serve to ward off the attack. Great attention should be paid to look for some source of reflex irritation. If phimosis exist the patient should be circumcised. I have had to perform the operation many times for nervous and other troubles, and always cut enough skin off so that the head of the penis remains uncovered, and so that no part of the head can be made to remain covered. I have seen some cases which had insufficient skin removed, which were as badly off after the operation as before, as contraction had taken place.

There are many other topics connected with psychiatry and neurology of which I might speak, but the many things that might be said would fill a volume, and could not be considered in so brief a sketch as this.

---

# THE IMMUNITY OF THE NEGRO RACE TO CERTAIN DISEASES AND THE CAUSES THEREOF.

*By George C. Clark, M. D.,*
Washington, D. C.

READ AT THE DECEMBER MEETING OF THE WASHINGTON MEDICAL AND SURGICAL SOCIETY.

To us who live in a community so thickly populated by the negro race it necessarily becomes a question of great interest, scientifically, and, indeed, of importance as practitioners of medicine, to study and ascertain as much as possible concerning the immunity the colored race enjoys to certain diseases. And it is more particularly of interest just at this time on account of the epidemic of yellow fever raging in some of our Southern States, a disease to which the negro is particularly immune.

It is very difficult, in fact impossible, to gain anything like an accurate idea to what extent they are immune to yellow fever as compared with the white race, because it is a well authenticated fact that the negroes of pure African blood are much less susceptible to yellow fever than those of mixed blood. In fact, the susceptibility increases directly as they become more nearly white, and the negroes of pure African blood are becoming fewer every year, and the mixed ones are becoming whiter.

But of much more interest to us is the question why the negro should enjoy any immunity at all. It is, so far as we know, an inherited immunity, and is due to the handing down to offspring the immunity acquired by ancestors exposed to the disease, for races which are not yet immune to certain acute fevers (like measles), and which are frequently exposed to them, suffer much less severely than people among whom the disease rarely appears.

The immunity of the negro to yellow fever is generally accounted for by supposing that only those who could resist the disease would live to have children, and that the immunity would be strengthened by union of the immune. That the negro enjoys wonderful immunity from the malarial miasm is a well-known fact and one observed daily in our own community by those of us especially who see a good deal of dispensary work and who serve in the capacity of physicians to the poor in the low-lying districts. My own experience would lead me to say that the susceptibility of the negro to the poison of malaria is about one-fourth that of whites, and I find that the statistics made during the late war bear out my own experience.

Yellow fever being a disease in which one attack confers more or less immunity, and the malarial fevers, on the other

hand, rendering the subject more susceptible to subsequent attacks, it would appear that we would have to look in another direction for the cause of the immunity in the negro from malaria.

Indeed, this circumstance intensifies the effect of slight differences in individual susceptibility, for the more susceptible person will not only be soonest attacked, but each attack helps to establish a predisposition to future attacks, and in consequence extinction of the most susceptible. And survival of the fittest is further promoted by the readiness with which such individuals fall victims to other endemic and epidemic diseases. Hence we would say that those races which from time immemorial have inhabited the most intensely malarious regions enjoy a certain immunity as compared with those from regions more remote from the equator, where the malarial poison is produced less abundantly or not at all; and it may be said in general that all the dark-skinned races are less susceptible than those of fair complexion for the same reason.

There is no reason to suppose that the black skin of the negro affords him any more protection than his curly hair (a theory for the cause of their immunity advanced by some). But as he belongs to a race which has from remote ages inhabited tropical, and, therefore, malarious, regions, and as observation shows that individual differences in susceptibility exist, the laws of natural selection must inevitably have come into play, and the tendency is constantly in the direction of race immunity. This is equally true of the other dark-skinned races.

Dr. McWilliams, in his medical history of the expedition to the Niger during the years 1841 and 1842, says: "The expedition consisted of three vessels, the 'Albert,' 'Wilberforce' and 'Soudan.' The crews were made up of English sailors, black sailors recruited in England and black sailors recruited on the west coast of Africa. The vessels remained for forty-five days in the river. The sickness and mortality from malarial fevers were as follows:

"White sailors—Total number on board, 145; taken sick, 130; died, 40.

"Black sailors recruited in England—Total number on board, 25; taken sick, 11; died, none.

"Black sailors recruited on west coast of Africa—Total number on board, 133; taken sick, none; died, none."

This illustrates the comparative immunity of the negro race from malarial fever. Here, of the full-blooded Africans who were acclimated by reason of having lived all their lives in an intensely malarious region, not one was even taken sick with any malarial disease, and those of mixed blood who were not entirely immune from the fact that they inhabited a less malarious region, and were partly of white blood, while eleven out of the twenty-five took sick with malarial fever, none died. This speaks volumes in favor of the facts, both that the negro does enjoy immunity from the malarial poison and as to the causes for the same.

The immunity of the negro from chorea, which is a well-known fact, next presents itself to mind for consideration. I myself have seen but one case of chorea in the negro (and that one of mixed blood) in a considerable practice among negroes in dispensary and outside work, while the white choreic patients are quite common.

It is said that no negro of full blood has ever been under treatment for chorea at the Philadelphia Infirmary. The cause of this immunity is no doubt due to their more stable nervous system. We all know how rare it is to see any functional nervous trouble in a negro. Take hysteria, for instance, and again exophthalmic goitre, although a disease of unknown origin, as is chorea, yet they both, like hysteria, are closely connected with an unstable nervous system, all more common at that period of life when the nervous system is most impressionable and abnormally sensitive, namely, at puberty. The whites both inherit a more unstable nervous organization and acquire it by the strain of education and by their mode of living. Hence we would repeat that the immunity of the negro to chorea and other functional nervous disorders is due to a more stable nervous organization.

Another trouble which I would call

your attention to briefly is enlarged prostate gland. Who of us has ever seen an enlarged prostate in the negro? It seems queer that this should be so when the enlarged prostate is a fibroid condition, and we know that the negro race is rather prone to fibroid diseases, especially of the uterus. The only reason that I can suggest for this immunity from enlarged prostate is that but few of them reach the age at which the prostate usually begins to enlarge, or, rather, the age at which it begins to cause trouble, viz., at about fifty-five years. The hypertrophy usually begins about middle life, but does not enlarge sufficiently to cause trouble until about the age mentioned. This is my own theory, and there may be better ones. I present it here to get an expression of opinion from others.

## Society Reports.

### MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

"Thyroid Therapy in Connection with Some Diseases of Nutrition" was the subject of the paper read by *Dr. John W. Shaw* at the December meeting of the Medical and Surgical Society of the District of Columbia.

Why this product has a pronounced effect on certain diseases the author was not able to say. Why the removal, or disease of the ductless glands, should be followed by disturbance of nutrition; why diseased suprarenal capsules produce bronzing of the skin, loss of digestive power and vomiting, or why removal of the thyroid gland produces myxedema, is still a question for investigation. That these glands influence the metabolism of the body is indisputable.

*Dr. Shaw* then reported three cases: The first, Lucy S., age twenty-eight years, weight 238 pounds. She was given five grains of iodythyrine three times a day. Loss of weight for first week, ten pounds; for second week, sixteen pounds.

The next case was one of exophthalmic goiter, Mary K., age forty-five years, and very anemic. Iodythyrine, five grains three times a day, soon produced shortness of breath and weak, rapid pulse. The medicine had to be withdrawn.

The third case was a gouty, plethoric old lady of about seventy-five years, and weighing about 200 pounds. The pulverized thyroid was used, and the patient lost from three to four pounds a week without any bad effect. He believes that preparations of thyroid gland should be tried in obesity and myxedema, and thinks if preparations could be made to use hypodermically a great advantage would be gained.

*Dr. Frederick Sohon* read a paper upon "Cigarettes." He says that investigation shows the cigarette to be made from pure tobacco and contains $1\frac{1}{2}$ per cent. of nicotine, while the cigar contains $8\frac{1}{2}$ per cent. According to him, a pipe-smoker has a tough, dry, glazed, scabby pharynx; a cigar-smoker a congested, fallicular membrane, with engorged veins and hypertrophic papillae, while the cigarette-smoker has a moist throat, which is protected by the non-viscid mucus, which is abundant. He says that a boy has no occasion for smoking, and should be restrained from doing so while his body is developing. That if it were not for the inhaling, cigarette-smoking would be less harmful than the eating of pie.

### NEW YORK ACADEMY OF MEDICINE.

SECTION IN ORTHOPEDIC SURGERY.

*Meeting of November* 19, 1897.

*Dr. S. Ketch* presented a patient with an unusual deformity of five years' duration. The patient was a girl twelve years old. He had seen her for the first time one week ago. There was anterior bowing of the right tibia and some eversion of the foot. The bone was three inches longer than that of the well leg and greatly thickened. The circumference of the leg was one and one-half inches larger than on the well side. The child's general condition was poor, the result probably of pain, which had been a feature of the history. The skiagraph showed a thickened tibia, with some irregularities in the enlargement and an almost complete disappearance of the epiphyseal line due to

pressure. He had traced cases resembling this in many features to syphilis, but here there were no signs of infection and no history of transmission.

*Dr. W. R. Townsend* said that he had seen a somewhat similar case in which the extra heat of the limb had led to a diagnosis of osteitis. The diagnosis was wrong, however, as, at the end of five years, the bone was found to be sarcomatous and amputation was done. He thought that the question of sarcoma should not be overlooked in considering the treatment of the present case. The remarkable deformity of the bone had some resemblance to the bowing of a syphilitic tibia, but it was not the "lame de sabre" described by Fournier.

*Dr. H. L. Taylor* said that the strong anterior curvature of the tibia, the enlargement throughout the shaft, the slight nodes on the surface and the elongation of the bone pointed to syphilitic osteitis.

*Dr. J. Teschner* had noticed that the swelling and tenderness were more marked on the anterior aspect of the bone, where there was probably pus. These signs and the localized heat indicated an inflammatory action and led him to believe that there was necrosis and that a sequestrum had produced the thickening and enlargement.

*Dr. R. Whitman* said that the skiagram showed that the entire bone was involved. He did not think it was sarcoma, but rather a case of diffuse osteitis, which might have been of syphilitic origin. There might also have been a fragment of necrosed bone within the shaft, which kept up the chronic inflammation, with continuous enlargement of the bone.

*Dr. V. P. Gibney* said that he would treat the case as one of abscess of the tibia. Opening the medullary canal would probably reveal several abscesses. In any case it would not do any harm to operate in this way even if the case were one of sarcoma. He had operated for multiple abscess of the tibia in a young woman and had planted decalcified ox bone in the troughlike cavity. Some of it remained and some did not, and other operations had to be done. Since the last she had been perfectly well and was living out at service.

*Dr. Ketch* said he was disinclined to think that his patient had sarcoma. This, as well as multiple abscess, would have caused more local and general disturbance. He believed that a sequestrum was present. Anti-syphilitic medication would be thoroughly tried, and after that it was probable that the bone would be operated on.

*Dr. R. H. Sayre* presented "a case of genu-valgum" in a boy sixteen years old, who, while carrying heavy loads in a bakery six months ago, began to have double genu-valgum, the result of adolescent rickets and a failure of the bones of the leg to sustain the weight. Three months ago the limbs were put up in plaster of Paris, and the boy was kept in bed for two months. To correct the deformity a circular cut was made in the plaster of Paris around the knee and a wedge of wood was inserted on the outer side. In a week or so the knee was straightened still further and a larger wedge was inserted. At the end of two months when the splint was removed, and the boy began to walk again, there was a slight transient synovitis. To improve his general condition strychnia had been given and the elixir phosphori of the national formulary. The result of treatment was that the limbs were very nearly straight. As there remains some relaxation of the joints he should have braces to prevent lateral motion during convalescence.

*Dr. Whitman* presented a boy thirteen years old on whom he had operated sixteen months ago for slipping of the right patella. The capsule had been divided on the outer side and considerable difficulty had been found in reducing the dislocation on account of the contraction of the tissues. A tuck was taken in the capsule on the inner side. The patella was now over the external condyle. When he left the hospital it had been in the median line. For a time he had worn a knee-cap as directed, which he had long ago discarded. This case was not presented as a fair test of the operation, as the dislocation was but part of the disability and deformity attending hemiplegic contraction of the right side of the body. It had, however, relieved pain and discomfort.

*Dr. Gibney* said that it was still a ques-

tion what is the best treatment for slipping patella. He had transplanted a fragment of the tibia, with the insertion of the ligamentum patellae, in a girl fourteen years old. Union in the new position was secured and the limb was put up in plaster of Paris. In spite of a little suppuration the recovery was good. The ultimate result, however, was in doubt, as the patient was lost sight of.

In another young woman the slipping had occurred repeatedly, followed sometimes by acute inflammation. A splint had been applied and she was wearing it still to keep the patella in place. In a boy of four years the slipping patella had been easily reduced, and it is probable that massage and the growth and development of the muscular fibers will be sufficient to remove the trouble.

*Dr. Townsend* presented a patient with marked kyphosis in the dorsal region and slight lateral curvature. The patient was a man twenty-four years old, a clerk by occupation. He had had slight pain in the back for eight years, but within the past year the pain had increased and was accompanied by shortness of breath. The diagnosis had not been fully made. It was possibly a case in which lateral curvature was the chief cause of the deformity and symptoms, or it might be an instance of exaggerated round shoulders, or vertebral caries might have been the origin of the trouble.

*Dr. Gibney* said he saw no indication of osteitis or tubercular disease of the spine. There was a little lateral curvature and an exaggerated anterior curve.

*Dr. Ketch* said that the case was one which had not followed the ordinary course of lateral curvature. The general kyphosis reminded him of senile curvature, which, however, rarely occurred at the age of the patient. The man had said that the pain had been so severe as to require the use of mustard plasters. It had radiated around from the back to the front under the nipples. He had never met a case of lateral curvature in which there was pain at the terminal end of the nerve. He thought this was the pain of an inflammatory lesion and that the trouble was antro-posterior rather than lateral, and was getting worse. He would treat the patient for an inflammatory affection, and would advise a certain amount of rest for the spine.

*Dr. Teschner* thought that the curvature was antro-posterior, and that the condition was neither tubercular, rheumatic nor osteitic, and that the pain was not necessarily due to nerve pressure, but rather to the immobility of the spine, or it might be due to indigestion. He would increase the mobility by two or three weeks of gymnastics. He thought that the patient should not be put in any kind of retentive apparatus which would hold the spine immovable. Considerable pain was present in some cases, even when the curvature was not marked. This pain was generally due to a relaxed condition and not to nerve pressure. It was a muscular pain like that caused by stretching a muscle, analogous to that of muscular rheumatism. This could be relieved by exercising the muscles vigorously, producing a little more pain, and repeating the same thing the next day; the pain will then disappear. These cases could be cured in from forty-eight to seventy-two hours if relief from pain were considered a cure. Some lateral curvature patients complained of pain only on executing certain movements, as, for instance, writing or violin-playing, etc. A patient had formerly been able to play the violin from two to three hours without inconvenience. When lateral curvature appeared she could not play for fifteen minutes without pain, but after a short treatment she could play as formerly.

*Dr. A. B. Judson* thought that the case was one of lateral curvature, in which the curve in the line of the spinous processes was slight, while the curve in the bodies of the vertebrae was probably exaggerated. This would have the same effect on the trunk as if it were compressed vertically. The trunk was shortened, and the result was bulging of the chest walls and kyphosis, with a sharp anterior curvature in the lumbar spine. In a question of diagnosis, he thought that pain and other subjective symptoms were less important than the objective signs. He would treat the patient for lateral curva-

ture by appropriate exercises and attitudes for expanding the contents of the chest and the avoidance of fatigue.

*Dr. Taylor* thought that the case was one of lateral curvature, with more than the usual pain, and with the exaggerated roundness of the shoulders sometimes found in people whose weakness induced postural deformity.

*Dr. T. H. Manley* said that the history of the case pointed to some special constitutional condition which had caused the deflection of the spine. He thought that the question of syphilis should be considered. There were no evidences of a tubercular condition, but he thought that there was a rachitic element in the case. He would continue local, mechanical support, with constitutional treatment by the administration of acids or iron.

*Dr. H. L. Taylor* presented a patient with unusual deformity and disability of the right knee. The patient was a woman twenty-three years old. The trouble had begun when she was nine months old with redness and swelling, and the knee became flexed and its motions limited. When she was ten years old the knee was injured by a fall, and has been deformed as at present ever since. There has been no abscess and no cutting operation has been performed. There is complete dislocation of the head of the tibia backward and abnormal lateral mobility. The bones of the knee are small, and there is about one and one-half inches of shortening of the limb. There is considerable voluntary motion, and she can walk for a few minutes without her brace.

*Dr. Townsend* had seen a similar case, but less marked, in which the deformity was due to an inflammatory lesion, without any destruction of the bone.

*Dr. Gibney* recalled cases of supposed congenital dislocation of the hip, in which operation had revealed the results of an inflammatory process so extensive that the head of the bone was well nigh gone. He thought the present case might have had a similar origin.

*Dr. Manley* thought that the condition of the patient's knee was due to some pathological process and not to traumatism. He said that the case was a proper one for resection of the fibula and tibia. He was perfectly aware that the acuteness of the operative furor had swept over and that we are getting back to more salutary conservatism, but this seemed to be an ideal case for operation.

*Dr. Taylor* said that the patient had declined operative treatment, and he intended to continue giving to the limb mechanical support by means of a Thomas (caliper) splint attached to the shoe, instead of extending below it. He thought that the small size of the bones was due to lack of development rather than to destruction of the bone, and that it was very improbable that this condition was produced by a fall in a healthy limb. There had been some pathological process from infancy, which probably left subluxation and flexion, as usually happens in chronic inflammation of the knee, and the fall at ten years of age might have greatly increased the trouble. He had seen a patient in whom a similar condition had been caused by traction applied in the treatment of hip-joint disease. The hip was cured, but the knee was weakened, so that the tibia just hung on the posterior edge of the condyles.

## Correspondence.

### THE MEDICAL EXAMINING BOARD.

*Editor of the Maryland Medical Journal:*

DEAR SIR—I notice the statement in your editorial entitled "The Medical Examining Board," published in a recent number of your journal, * * * "and students who had stood well during the term and had passed a creditable examination were turned down by men who were said to be inexperienced in conducting examinations and who were supposed not to be well versed in the elementary branches."

Undoubtedly there is truth in this assertion. One question asked the candidates in one of the examinations last spring was the following: "How is an excess of urates determined in a sample of urine?" The answer required was, "By the heat test. When you boil urine containing an excess of urates it clears up."

Manifestly the examiner was not familiar with questions appertaining to urinary analysis. That students who gave the correct answer, "An excess of urates in a sample of urine may be determined by Hopkins's method," should be "turned down" is an unpardonable injustice to the men. Only those who are in contact with modern medicine should be permitted on the examining board, and the writer believes it would not be a bad plan to examine into the scientific qualifications of would-be-examiners before appointing them to such autocratic positions. Very respectfully yours,

CHARLES E. SIMON.

## Medical Progress.

### REPORT OF PROGRESS IN GYNECOLOGY AND OBSTETRICS.

*By George W. Dobbin, M. D.,*
Assistant in Obstetrics, Johns Hopkins University.

#### THE CHANGES IN THE UTERINE MUCOSA DURING PREGNANCY AND IN THE ATTACHED FETAL STRUCTURES.

*By J. C. Webster, M. D. (Edin.), F. R. C. P. E., F. R. S. E.*

IN the December number of the *American Gynecological and Obstetrical Journal* we find the conclusion of a serial article which has been running in the journal since last February. The paper is entitled "The Changes in the Uterine Mucosa During Pregnancy and in the Attached Fetal Structures," by J. C. Webster, and is a consideration of the histological changes which, during pregnancy, enter into the formation of the decidua and placenta.

The author has based his conclusions on the microscopic examination of pregnant uteri in the second, third, fourth, fifth, sixth, eighth and ninth month, together with the examination of many specimens of abortion sacs and placentae at term.

The subject has been treated under the following subdivisions: 1. The mucous membrane of the corpus uteri; 2. The decidua vera; 3. The decidua reflexa; 4. The decidua serotina; 5. Nature of the progressive changes in the decidua; 6. Early relations between the ovum and decidua; 7. Chorion; 8. Intervillous circulation; 9. Amnion; 10. Plane of separation of the ovum. Equal consideration has been given to each of these subjects, and the histological structure, beginning from the earliest known embryos and carried from thence on to full term, has been well discussed. The descriptions consist for the most part of the description of specimens in the author's own collection, but here and there, when necessary, the sequence is made complete by reference to the work of many well-known investigators.

In the space alloted to a short review it is hardly possible to mention all the points which the author has brought out, and particularly in the case of microscopic descriptions it is exceedingly difficult to express what the author means in anything but his own language; for that reason only a few of the more important conclusions will be discussed, for the article should be carefully read by anyone who is interested in the subject.

In the first place, as to the much-disputed origin of the syncytium, Webster is of the opinion that the plasmodial layer is clearly of fetal origin, being the changed fetal epiblast, and not, as held by Merttens and Kossman, derived from the surface and glandular epithelium of the uterine mucosa. He also puts forth the theory that the syncytium is trophoblastic in nature and tends to cause absorption of the uterine epithelium when it comes in contact with it; in other words, analogous to the trophoblastic layer in the placenta of the hedgehog, as described by Hubrecht. In proof of the fact that the syncytium is of fetal and not material origin, he says that in his specimens of decidua at six weeks we find on the surface of the vera that the epithelial cells are somewhat flattened and degenerated, and show no tendency to the formation of a syncytial layer, while in the serotina of the same specimen large masses of syncytium can be seen both covering the surface and deep down among the decidual cells.

A rather interesting theory that the

author puts forth as to the function of the masses of syncytium which are found imbedded in the decidua serotina is that they are phagocytic in their action, and by burrowing into the enlarged blood sinuses of the serotina they establish a direct communication between the material blood and the intervillous spaces.

In regard to the intervillous circulation, Webster disagrees with Waldeyer, Turner and Bumm, who speak of arteries and veins emptying from the decidua sometimes into the intervillous spaces, and says that, as these vessels consist merely of a single layer of endothelium lying on the cells of the compact layer, they had better be spoken of as afferent and efferent capillaries. He also disagrees with Bumm in thinking that there is any regular distribution of these vessels along the decidual septa.

The author's specimens also show that the separation of the placenta at term takes place in the compact layer of the decidua, and not, as held by Langhaus and Barbour, through the glandular layer.

Throughout the work there are numerous (about 250) photo-micrographs of sections of various portions of the tissues under consideration. It appears, however, that the author has claimed more for the photographs than they really show, for in a large proportion of them the focus is so blurred, and the individual tissue elements show so faintly, that unless one read the description of the photograph it would be very difficult to recognize the tissue.

Appended to the work is an excellent résumé of the literature on the development of the placenta and fetal membranes.

THE DIAGNOSIS OF EARLY PREGNANCY.

Thomas Watts Eclen, in the October number of the *American Journal of the Medical Sciences*, points out the importance of making a diagnosis of early pregnancy, and goes into all the important physical signs and symptoms upon which such a diagnosis is based. In one thousand cases which have passed through his hands in the Out-patient Department of the Chelsea Hospital for Women he finds fifty cases of early pregnancy and draws his conclusions from this material.

He considers the general subject under two heads, uterine and ectopic pregnancy, and says that the two diagnostic points which must be considered in every case are the existence of pregnancy and its duration.

Under uterine pregnancy he thinks that, while important, the subjective symptoms can lead us to no definite conclusions, and that when there is any reason for doubt a physical examination should always be made. Here he mentions as important signs those given by the breasts, abdominal signs, as enlargement of the fundus and the uterine souffle, and vaginal signs, as condition of the cervix, discoloration, bimanual palpation of the fundus, Hegar's sign, and ballottement.

In ectopic pregnancy the clinical history and symptoms are of greater importance, for here the patient may have been sterile for a number of years, she may have menstruated after she thought herself pregnant, or may have passed a decidual cast from the uterus. The physical signs differ if the case is seen before or after rupture of the tube in the first case, the physical signs being those of a small pelvic tumor, with slight enlargement of the uterus, and in the second the symptoms of an intraperitoneal or intrategumentary hemorrhage, with physical signs of pelvic hematocele.

The use of the uterine sound in establishing the diagnosis of ectopic pregnancy he condemns, and says that only in very rare cases should this expedient be resorted to.

* * *

NECROSIS OF INTESTINAL GLANDULAR EPITHELIUM IN DIABETES MELLITUS.—It is known that necrosis of the epithelium of various glandular organs may take place in cases of diabetes mellitus, and it has been supposed that the lesions were due to the elimination through the affected viscera of certain poisons circulating in the blood. Ludwig (*Medical Record*) reports a case, which he believes to be the first in which such necrosis was observed in the glandular apparatus of the intestines. The patient was a woman,

thirty-six years old, whose father had died of cirrhosis of the liver, one brother of diabetes mellitus, another of some acute pulmonary disorder, and a sister of erysipelas. The patient herself had suffered from repeated attacks of facial erysipelas. For a period of five weeks there had been noticeably increased thirst and an increased sense of hunger, as well as increased elimination of urine. In spite of the ingestion of an abundance of food there were rapid emaciation and loss of strength. The appetite had, however, become impaired, and there were, besides, headache, slight vertigo and extreme languor. The knee jerks were preserved. The pulmonary percussion note was relatively impaired on the left side above and below the clavicle and posteriorly above the spine of the scapula, as well as over the lower lobe. In the area first named expiration was accentuated, and in the last enfeebled. There was scanty expectoration, and no tubercle bacilli were found in the sputum. The amount of urine passed in twenty-four hours equaled about sixty-four ounces; the specific gravity was 1.025; a slight amount of albumen was present, together with sugar and acetone. In the sediment were found hyaline, granular and epithelial tube casts. The patient grew gradually worse and death ensued. Upon post-mortem examination the epithelium of the upper portion of the ileum was found discolored in small areas, readily detachable, and in some places actually wanting. Farther down there were transverse losses of substance, with distinct limitation and a hemorrhagic necrotic base. A number of areas of similar appearance were present also in the large intestine. Microscopic examination of the affected portions of intestine confirmed the supposition reached from macroscopic observation, that the lesions consisted in necrosis of the cylindric epithelium of the tubular glands. The appearances corresponded with those of a deep-seated cellular and purulent inflammation of the glandular epithelium, together with necrosis, and the conclusion is reached that the latter was the primary process in consequence of toxic influences related to the constitutional disorder.

Morbid Milk in a Healthy Woman.—Babeau (*British Medical Journal*) writes of a healthy young woman, temperate and exposed to no unhealthy external conditions. She has been three times pregnant, and always carried her child to term. None of her three children could be suckled, as severe vomiting set in whenever it took the breast. No medicine checked the gastric irritation, but directly it was fed with good milk from a bottle or suckled by another woman, the trouble ceased and the child thrived. All other infants put to breast by the same patient were at once attacked with vomiting. She, it must be remembered, sought to be a wet-nurse, though, of course, she was speedily found unfit for that vocation. The milk was examined. It was found to contain a great excess of albumens, especially lacto-albumen and lacto-proteine.

* * *

Recovery from Hemorrhagic Purpura following Treatment with Injections of Artificial Serum.—Pigot (*Medical Record*) has reported the case of a debilitated patient who had been suffering for two weeks with symptoms of hemorrhagic purpura and bleeding from the gums. The whole body was covered with hemorrhagic areas, which were especially marked upon the extremities. Blood was also discharged by the bowel. There was complaint of a painful sense of burning in the epigastrium, and the breath was fetid. On auscultation a small cavity was found at the apex of the left lung. The liver was slightly enlarged; the spleen was normal. The temperature was elevated. Ferric chloride, ergotin and lemons were administered, and a mouth wash of potassium chlorate was ordered, but no improvement followed. Finally 250 cubic centimeters of artificial serum was injected subcutaneously, and within twenty-four hours marked improvement had taken place. A second and a third injection of the same amount of fluid were given on successive days, and within forty-eight hours convalescence set in and progressed to ultimate recovery.

Cocaine in the Intractable Vomiting of Pregnancy.—A. Pozzi reports (*British Medical Journal*) that at the Obstetrical Clinic at Turin five cases of pregnant vomiting, which persisted in spite of the hypodermic injection of morphine and the internal administration of cocaine, were rapidly cured by Tibone by subcutaneous injections of 0.01 gramme (one-fifteenth grain) of the hydrochlorate of cocaine in the epigastrium, repeated once or twice a day before meals. Food was retained, and neither pulse, respiration nor temperature was injuriously affected. The general condition gradually improved, the patients gained weight, and the vomiting did not return when the injections were omitted. Pozzi suggests that this treatment may prove useful in other forms of vomiting.

* * *

Drinking Water.—An exceedingly simple and clever paper appears in a recent number of the *Medical Record* by Dr. B. C. Loveland, of Clifton Springs, New York, on drinking water and the questions that are asked by the laity about it. Physicians have to spend a large part of their conversation with patients and others in asking questions, and while so many persons will take stimulants without a question, they hesitate and ask "why" when water in sufficient amounts is ordered. They ask if water will make them fat.

Water simply helps to churn up the food in the stomach and assist assimilation, and it has no fattening powers beyond that. Water washes out waste material from the body. In fact, there are many superstitions and traditions, if they may be so called, which it is hard to overcome, and it is with great difficulty that persons can be made both at and between meals to take the requisite nine or ten glasses a day.

Let a physician drink the proper amount of water at the correct time, and some poor ignoramus will cry out, "What! you a doctor, and drink all that water?" Physicians should always ask about the water-drinking habits of their patients and insist on it that a sufficient amount is taken.

Serum Therapy.—In Dr. Foster's "Reference Book of Practical Therapeutics," Dr. Austin O'Malley, of Washington, D. C., has contributed a very important article on serum therapy, in which Dr. Paul Paquin, of St. Louis, is quoted as reporting 226 cases of tuberculosis treated with anti-tuberculin serum prepared by himself, with forty recoveries and a large number of cases improved.

* * *

Serum Therapy in Diphtheria.—Dr. Berlin reports, in the *American Journal of the Medical Sciences*, the outcome of the treatment of 529 children. Of these fifty-six died (10.6 per cent.). The paper shows that on the whole the mortality has been considerably lowered, but not so much as was formerly hoped for. The serum cannot be held responsible for severe untoward symptoms, nor with surety can deaths be charged to it alone. Yet it cannot be denied that it does act upon the kidneys. Post-diphtheritic paralysis and relapses are without doubt more frequent.

* * *

Thyroid Therapy in Idiopathic Tetany.—Maestro (*American Journal of the Medical Sciences*) reports that raw or dried thyroid, in dose of two to four grammes (thirty to sixty grains) daily, is well borne, and has given him very good results in the treatment of the idiopathic tetany of infancy. Under its influence the attacks become less frequent, the duration of contraction is shortened and complete cure results.

* * *

Is He Behind the Times?—Mr. Lawson Tait contributed an article to the *Buffalo Medical Journal* for June, 1897, to which he makes the following postscript in the July number:

"Dr. Howard Kelly, of Baltimore, has lately stumbled on this fact and has published it as a great discovery. It has been indicated at length in everything I have written on the subject for a quarter of a century. The professor at Johns Hopkins University is, as usual, a long way behind the times."

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of the accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Room 606 Fidelity Bldg., Charles and Lexington Sts.
BALTIMORE, MD.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JANUARY 8, 1898.

**Physicians as Politicians.**

THE need of organization and the value of it, too, have become more apparent to the medical profession in recent years. Physicians, as a rule, act in harmony in their scientific deliberations, but when it comes to a question of proposing and enacting laws which are for the benefit of the people, as well as for the profession, the latter are as babes in arms. This weakness is especially noticeable at each session of the Maryland legislature.

The most important questions pertaining to the health and welfare of the people are presented to the legislature in the most emphatic manner by a large delegation of really prominent physicians, and notwithstanding facts are clearly stated, the whole matter is lost by the political influence of one or two opponents simply because prominent physicians with no "pull" have no weight with politicians.

An example of this was in the early attempts to pass a medical practice act in Maryland which at first was easily defeated by influence. And even now, when the medical law licensing the physician and protecting the public of Maryland is in a fairly good shape, it is stated that influence will be used at the coming meeting of the legislature to make serious changes and actually weaken the effect of the law; and this in spite of the fact that the State Faculty, which is, or should be, behind every medical question, voted by a large majority to leave this act unchanged.

It is in just such questions as these that the better class of physicians should recognize the fact that the profession should know something of practical politics and thus meet their enemies with their own weapons. As was stated before, twenty-eight States have medical laws, and no single board contains members from one of the medical schools in that State. Why should Maryland be an exception? Is it a confession of weakness on the part of the schools, or is there some other reason for this desired change? The members of the Examining Board certainly have nothing to gain or lose by passing or rejecting candidates. They are certainly sincere in their work.

On the other hand, they have been criticized, and justly criticized, too, for asking questions of an unpractical nature, some of which probably no physician could answer. Because the Examining Board is not infallible and makes mistakes it would be very foolish for the profession of the State to make matters worse by making an additional mistake and thus weakening a good law.

The Examining Board should report to the Faculty at its next annual meeting and should not be too high and mighty to explain its acts and receive advice as to the kind of questions to ask and the manner of conducting the examination. It should be the duty of every physician of Maryland who desires a high standing of his profession to give his views on this important question without that quibbling and false reasoning which was so apparent at the recent special meeting of the Faculty.

To show the feeling of some of the members, one physician present at that meeting said he was heartily in favor of sustaining the Examining Board, and he was against any proposed change in the law, but as a member of the faculty of one of the schools he felt obliged, and in reality had promised, to vote against his convictions. Such a feeling will hardly tend to elevate medicine.

One danger of bringing this question before the legislature is that ignorant members may make further amendments and entirely destroy the value of the whole act. If this question does come before the legislature it will be a question of influence rather than of merit.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 1, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | .. | 23 |
| Phthisis Pulmonalis | .. | 23 |
| Measles | 53 | .. |
| Whooping Cough | 11 | .. |
| Pseudo-Membranous Croup and Diphtheria | 69 | 8 |
| Mumps | .. | .. |
| Scarlet Fever | 24 | .. |
| Varioloid | .. | .. |
| Varicella | 1 | .. |
| Typhoid Fever | 7 | 1 |

The will of Dr. Evans, the Paris dentist, will be disputed.

Hamburg is to have a hospital for tuberculosis cases.

Professor Tarnier, the illustrious French obstetrician, died recently at Paris, aged seventy.

An International Congress of Balneology will be held in Vienna in March, 1898.

Dr. William A. Davis died at Winchester, Virginia. He was born in 1819, and was a graduate of Harvard University.

A consumptive hospital has been opened near Vienna. That disease which in Vienna is called "morbus Viennensis" is especially prevalent in Vienna.

Among the recent Baltimore county appointments are Dr. Thomas C. Bussey, physician to the almshouse, and Dr. L. Gibbons Smart, physician to the county jail.

A New York Supreme Court jury recently gave a verdict of $30,000 against the New York, New Haven & Hartford Railroad Co. for having caused the death of a doctor.

A statue to the memory of Lavoisier, the great chemist, is to be erected in front of the house situated behind the Madeleine Church, where Lavoisier lived for many years.

The Pennsylvania Hospital and University of Pennsylvania have been left about $2,000,000 by a lady of Philadelphia, contingent on the death of some relatives of the deceased.

Dr. Joseph Blum of Baltimore has furnished a children's ward and presented it to the Hebrew Hospital of Baltimore.

The Baltimore Medical Association and the Baltimore Medical and Surgical Society have been consolidated and are called the Baltimore Medical and Surgical Association.

Seton Hospital, at Tremont in Greater New York, has been selected by the new health board of that city for the treatment of tuberculosis.

Dr. Zaccharin, the physician to Czar Alexander III of Russia, died last Tuesday. Drs. Zaccharin and Leyden, of Berlin, attended the Czar in his last illness in 1894.

A New York druggist has been fined $150 for practicing medicine without a license. This is the heaviest fine yet imposed for such an offense. The Medical Society of the County of New York was the complainant.

Dr. J. Berrien Lindsley, one of the most prominent physicians of Tennessee, died at Nashville last month aged seventy-eight years. Dr. Lindsley was secretary of the State Board of Health and treasurer of the American Public Health Association. He was also a D. D.

Active steps are already being taken by a committee in Paris, of which Dr. Brouardel, the dean of the Medical Faculty, is chairman, to arrange the preliminary details of the International Medical Congress, which is to take place in that city in 1900, the year of the great exhibition.

Dr. James T. Williams, an old and prominent physician of Howard county, Maryland, died at Granite recently, aged sixty-five. Dr. Williams was a native of Calvert county, but after graduating from the University of Maryland in 1858 he settled in Howard county and built up a large practice.

Medical colleges in the State of Pennsylvania must now file a bond of $1000 in the Court of Common Pleas as a guarantee that they will not dissect any human bodies except those that come to them through the regularly appointed legal channels. This bond is forfeited if they are discovered using any other bodies. The University of Pennsylvania has already complied with the law and the other colleges of the State will soon do the same.

## Book Reviews.

THE TREATMENT OF DISEASE BY ELECTRIC CURRENTS: A Handbook of Plain Instructions for the General Practitioner. By S. H. Monell, M. D., founder and chief instructor of the Brooklyn Post-Graduate School of Clinical Electro-therapeutics and Roentgen Photography, etc. Pp. 1100. New York: William Beverley Harrison.

One might raise the question as to whether the general practitioner will not be somewhat overpowered by a handbook of over 1000 pages; this, too, on the subject of electro-therapeutics. One objection to the International System of Electro-Therapeutics, edited by Bigelow, is its unnecessarily great size. The general practitioner wants his information condensed as much as possible. The volume before us, to the size of which we have taken exception, is clearly and simply written, and will undoubtedly be found useful in electro-therapeutic work.

The author discusses the physiological action of electricity on the tissues in a moderate manner. He then takes up the subject of apparatus. He lays particular stress, and to our thinking undue stress, upon the value of static electricity. Unquestionably this is by far the most convenient mode of applying electricity, since patients do not have to undress, and also it possesses a high degree of suggestiveness. Apart from these considerations it is doubtful whether any more definite results may be obtained from the static than from other currents.

The author devotes a great deal of space, very properly, to the practical application of electricity, especially in pelvic diseases. Then follows a long list of diseases in which electricity is recommended. It is true one can employ electricity in all these ailments, but does it do any good? For example, gout, chronic cachexias, acute articular rheumatism, morbid mental states, pulmonary affections, Bright's disease, coryza, dipsomania, are a few of the conditions in which electricity is recommended. It is the opinion of the reviewer that much discredit has been cast upon this useful agent, electricity, by the overenthusiastic claims of its advocates.

It may be said, however, that on the whole the volume before us is written in a more temperate spirit than usually prevails when the subject of electricity is treated by an earnest "believer," and it will prove a safe and useful guide to the general practitioner.

TWENTIETH CENTURY PRACTICE. Edited by Thomas L. Stedman, M. D. Vol. XII. Mental Diseases. Childhood and Old Age. Wm. Wood & Co., New York. Pp. lv-849.

The first 250 pages of this volume, which concludes the diseases of the nervous system, are devoted to mental diseases. It is a difficult task to present this vast subject in so short a compass, and it must be said that the author has not been signally successful in his attempt. The treatment of the subject is inadequate and far from modern. A text-book on mental diseases must present clearly the modern ideas of the structure of the nervous system and the physiological bearing of these advances in neuro-histology, and must also outline the modern science of psycho-physics. In the treatment of these two subjects and also that of the pathological anatomy of mental diseases the book before us has failed to come up to the modern standard. The descriptions of clinical types is often very well done, except for a rather rambling and unscientific style. The elaborate division of "monomania" into the "monomania of pride," the "monomania of jealousy," the "monomania of hoarding," etc., has to American alienists somewhat of a medieval flavor. It would have been better to have let some specialist of our own country write the section on Insanity and the Law, or at least to have given a clear epitome of the laws of the different States relative to the insane.

The article on Idiocy is excellent, and leaves nothing to be desired in the manner of handling the subject or the matter treated of.

The two following articles, Criminal Anthropology, by Lombroso, and Old Age, by Boy-Tessier, are extremely interesting, and the names of the distinguished authors are sufficient to warrant the scientific value of the work to which they have devoted so much labor.

The volume is concluded by a brief but clear treatise on the diseases of children.

---

DR. H. T. WHITNEY, a native of Ohio and president of the China Medical Missionary Association, is now engaged in the difficult work at his home in China in translating Gray's Anatomy into Chinese.

CUTANEOUS MEDICINE: A Systematic Treatise on the Diseases of the Skin. By Louis A. Duhring, M. D., professor of diseases of the skin in the University of Pennsylvania, etc. Octavo, pp. 223-494. Part II. Classification; anemias; hyperemias; inflammations. Illustrated. Philadelphia: J B. Lippincott Co. 1898.

Dr. Duhring, the most eminent dermatologist in this country, is at last giving us a new edition of his famous text-book, which has been out of print for some time. The present work is extended into a treatise and is divided up into parts. Part I, which was devoted to the anatomy, physiology and the general considerations of dermatology, appeared last year. The present volume now before us is Part II, and it deals with the classification, and the anemias, hyperemias and a very important number of the inflammatory diseases. The classification is very similar to the previous one given by the author in his last edition. We think that this classification into I. Anemias; II. Hyperemias; III. Inflammations; IV. Hemorrhages; V. Hypertrophies; VI. Atrophies; VII. Neosplasms; VIII. Anomalies of secretions of the glands; IX. Neuroses, is an excellent and practical one. It is one which we adopt in our own teaching.

Speaking of the work as a whole, we think that, as far as it goes, it is without a peer as a text-book on dermatology either in English, German or French. The work is not only illustrated with a number of excellent photographs, which are the best we have ever seen in a text-book, but there are also a number of special plates of microscopical sections. All the subjects dealt with in this part have been handled in a masterly style which could not have been excelled. The important subject of eczema has received 109 pages, which is not too much, and as many as thirty-nine excellent photographs, which illustrate different varieties of this disease, accompany the article. We therefore accept this new edition as the standard work on dermatology in this country, and can recommend it very highly to all students and practitioners.

## REPRINTS, ETC., RECEIVED.

Albany Medical College, 1897-1898.

Epilepsy. By Alexander L. Hodgdon, M. D. Reprint from the *Virginia Medical Semi-Monthly.*

## Current Editorial Comment.

### OFFICE BORES.

*Medical Record.*

IT is a general belief that the poor doctor is always overjoyed when a patient, no matter of what kind, enters his office to swell his coffers. The number of bores that constantly beset him and tap his energies through the exasperating conduits of long and uninteresting accounts of trial ailments is never taken into account. Aside from his strain of self-control, and the enervating influences of smiling dissimulation, there is a special harm to the victimized adviser's sympathies in the engendering of a retaliatory unconcern in the patient's present condition and an indifference to its final ending.

### THE PHYSICIAN'S INFLUENCE.

*Charlotte Medical Journal.*

THE doctor must, to be successful, be a leader of thought in his locality, and in order to have the help of his family, must bring them up on the same high plane. The best clothes which he can afford, made up by the best tailor in reach, is none too good if he would make a favorable impression on the public in general; but more than this will the influence cast by the evidence of a bright mind, well stored with information on the subjects of the day, outside the pale of medicine, clean, well-kept clothing, of person and family, and conduct becoming a gentleman whenever and wherever met, bring into his hand the dollars so much desired.

### CLERGYMEN AND QUACKERY.

*Cleveland Medical Gazette.*

IT is a deplorable fact that the clergy are very prone to advocate patent medicines and quack methods of treatment. Perhaps the quacks, recognizing the influential position of the clergyman in the community, more often select him for a dupe, that others may follow his example. Like a robber—first capture the shepherd (or should we say the bell-wether?) in order to steal the flock. Or is it that the preacher has within him a treacherous leaning toward the mysterious, the transcendental, which makes him an easy victim of the professor of hocus pocus? Whatever the cause, the fact stands that few forms of quackery which have ever thriven upon the credulity of an ignorant public have lacked the support of one or many of these reverend gentlemen.

# PROGRESS IN MEDICAL SCIENCE.

A Recognition of Merit.—For the first time in my experience I write a testimonial in favor of a proprietary medicine. I do it now only from a sense of recognizing merit where merit is due. I have devoted my attention exclusively to rectal conditions for a quarter of a century, and have constructed an array of antagonistic and aggressive remedial forces that only long practice can establish as reliable. I began with Resinol about two years ago, and subjected it to the various tests that its nature might suggest, and have now so perfected or defined its sphere of action that it is becoming more and more invaluable each successive week. I use about ten ounces daily. Its antiphlogistic and antiseptic qualities appeal to me as its leading features, and I have greatly broadened my reputation by its magical action in strangulated hemorrhoids and acute proctitis. Take a nervous, sensitive woman almost insane from the agonies of an inflamed rectum, then fill a hollow suppository with the Resinol, introducing it carefully, and in ten minutes the pain vanishes and one more accent has been added to a reputation. Of course, the diagnosis must be correct to prove the advantage of this statement, as so many ideas go astray from want of proper differentiation. In destroying hemorrhoidal tumors as I do I can reduce the time one-half, being able to double the force of operative means on account of obviating inflammation and pain by using this remedy in conjunction with the destructive measures. If physicians in general practice would employ Resinol in the frequent cases that come under their care, as an "attack of piles," the more ancient methods would become devoid of interest. I trust you will pardon this intrusion, as I could not help it, my enthusiasm impelling me to the action.—Eugene F. Hoyt, M. D., New York City.

Chloralamid.—Reynold W. Wilcox, M. D., LL. D., professor of medicine and therapeutics, says: "Chloral is the most popular hypnotic, but it is one which most frequently gives rise to habit. There is a safe derivative of chloral, however, Chloralamid. The introduction of the amide radical neutralizes to a considerable extent the depressing action on the heart. It is fairly insoluble, and is, therefore, more prolonged in its action. It is far safer than chloral. It is difficult to form a habit with Chloralamid, yet I know of one instance in which the patient developed the habit after taking it without my knowledge for a year. The habit was cured without great difficulty. Probably the most potent hypnotic is Paraldehyde; next comes Chloralamid; then Pellotin, and, lastly, Trional. Sleep follows most quickly after Pellotin, next after Paraldehyhe, then after Chloralamid, and, lastly, after Trional. With moderate doses the longest sleep is obtained from Trional; next comes Paraldehyde; then Pellotin, and, lastly, Chloralamid. The danger of a habit from Pellotin is extremely slight; it is a little greater from Chloralamid, and there is very great danger from Paraldehyde, as shown by the published reports. Chloralamid seems to be the safest of them all; next comes Pellotin; next Paraldehyde, and the most dangerous for continuous administration is Trional." In order to insure its full therapeutic effect, Chloralamid should never be prescribed in powder, but always in solution, which, however, requires some care in preparation. For the convenience of both pharmacist and physician Elixir Chloralamid, an elegant aromatic preparation, presenting the hypnotic in most suitable form for administration (thirty grains to an ounce), is prepared by Messrs. Lehn & Fink, of New York, and may be obtained from pharmacists and wholesale druggists everywhere in the United States. Supplied only in eight-ounce original bottles.

W. Irving Hyslop, M. D., 4408 Chestnut street, West Philadelphia, Pa., says: "I have used Celerina quite largely both in private and hospital practice and with gratifying results. It is void of repugnant taste and is readily retained by the stomach. My experience with Celerina has been confined chiefly to its use in nervous diseases, particularly loss of nerve power, and the opium habit, in which conditions it has served me well, and I shall continue to prescribe it both in private and hospital practice."

Phenocoll in Malaria.—On the west coast of Africa hydrochloride of phenocoll has been found successful in controlling obstinate cases of malaria when quinine has failed. The dose used is about six grains three times a day, from which no unpleasant symptoms have been observed.—*American Practitioner and News.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 14. BALTIMORE, JANUARY 15, 1898. Whole No. 877

## Original Articles.

# COMMON CONTAGIOUS DISEASES OF THE SKIN,

## AS MET WITH IN SCHOOL CHILDREN, AND HOW TO PREVENT THEM.

*By T. Caspar Gilchrist, M. D.*
Associate in Dermatology, Johns Hopkins University.

READ AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1897.

It is not my present intention to describe in detail all the various contagious affections of the skin which are met with in school children, but rather to draw particular attention to certain of the more common varieties which are often overlooked by parents and by the general practitioner and to emphasize the importance of a careful diagnosis in many cases which are too apt to be passed over lightly and which, later on, prove to be a source of contagion to many other pupils in the same school. With the eruptive fevers we are not now concerned, as they seldom if ever, come under the special care of the dermatologist. I shall, therefore, confine my remarks to the diagnosis and treatment of various forms of ringworm of the scalp, of pediculosis, of the disease known as impetigo contagiosa, tinea favus and of scabies.

*Ringworm of the scalp* is due to the presence of a parasite known as tinea tonsurans. This disease is limited to children and is practically never met with in adults. The usual typical appearances, such as a distinct circular patch, covered with light scales and stumpy hairs, which are easily pulled out or almost fall out by themselves, are always easily recognized. The variety which is difficult to diagnose, and yet is comparatively common, is characterized by a scaly condition of the scalp in patches, though no circular areas are met with. On careful examination of these areas a few stumpy hairs, or hairs which are broken off near the scalp, can usually be found, and the diagnosis is easily confirmed by soaking one or more of them in liquor potassae and examining with a high power of the microscope, when numbers of spores will be found invading and clinging to the hair-shaft.

*Chronic or Disseminated Ringworm.*—In this condition the hair will grow to some length over the diseased areas, although some spores of the parasites may be present, and on careful examination an occasional broken hair will be found, while at the same time these portions of the scalp may show slight scales which resemble dandruff.

In two different orphan schools in Baltimore I have just recently seen all three varieties. In one of them there were twelve cases, only three of which presented the ring-shaped patches described as typical of the ordinary ringworm, whereas the remaining nine presented the irregular scaly patches. In three of the latter it was only after careful searching of the scaly areas that a few typical stumpy hairs were found. These stubby hairs are pathognomonic of the disease.

Among other rarer varieties of ringworm are tinea kerion. In this form cocci have invaded the tissue, together with the ringworm parasite, and the patch is found to be boggy, raised, deep-red in color, and shows many small suppurating points, in the centers of which are the diseased hairs.

*Bald Tinea Tonsurans.*—Instead of the scaly patches there are small bald patches, at the edge of which will be found the stubby hairs. Ringworm of the scalp is now regarded by dermatologists as one of the most troublesome diseases of the skin which they are called upon to treat. It seems strange that so persistent and unpleasant a disease should be so lightly thought of by the practitioner, and that practically no precautionary measures are advised to prevent its spread. More especially is this to be wondered at in view of the fact that the disease is so prevalent among school children. And yet the diagnosis is comparatively easy. speaking generally, it is justifiable to make the statement that a bald patch on a child's head is usually ringworm. In scaly patches occurring on the scalp of children ringworm should be suspected, and careful examination should be made for stubby hairs, the diagnosis being confirmed by the microscopic examination.

Of course, ringworm is not a dangerous disease, but, besides the trouble which it causes the patient, it is disfiguring and a perpetual source of annoyance to his family and friends. Again, inasmuch as it is most certainly contagious to the other children with whom the patient is associated, it is of the utmost importance that the disease should be limited as much as possible.

As a proof how easily the disorder may become epidemic, it is on record that as many as 367 children in a London (England) school of 800 have been infected from one child, who had a patch on the scalp of the size of a split pea. Many similar instances could be quoted as having occurred in this country. And yet it is quite common for us to see cases in children who are attending school as if they were perfectly healthy. But in the light of our present knowledge and of the reliable statistics which we possess, it must be conceded by all that much greater attention should then be paid to cases of ringworm of the scalp than has hitherto been given, and it ought to be an ironclad rule that any child who has this disease should not be allowed to attend school. I would go further, and say that if any bald or scaly patches are found on a child's head he should be excluded from the school until it has been proved that the case is not one of ringworm. The prevention of the spread of this disease can only be attained in this way, for it is at school that the disease is usually caught. Among colored children ringworm is very prevalent, and very frequently assumes the atypical scaly or dandruff-like condition of the scalp.

The treatment consists in cutting the hair short, in epilation, in washing and the application of parasiticides. To illustrate the difficulty of curing cases of chronic ringworm or those in which the spores have invaded the deeper portion of the hair follicle I might point to the fact that seventy-two children were treated as inmates of the New York Skin and Cancer Hospital for seven months and only twenty-five were cured.

*Pediculosis* with or without a consequent pustular eczema is a common disease of the scalp in school children. When the patient comes to us we can usually detect the presence of isolated or confluent pustules and scabs, especially over the posterior portion of the scalp and accompanied by enlarged cervical glands. The diagnosis is easily made by examining the scalp for pediculi or nits. The latter at once give the clue to the nature of the disease. The nit, which is a small pear-shaped body, is glued to the hair, and a futile attempt to flick it off demonstrates the fact that it is not dandruff, scales of which often closely resemble nits.

Pediculosis seems to me to be particularly prevalent in the Baltimore public schools. Anyone who has examined a large number of the pupils will be convinced that sufficient attention is not paid to preventive measures. Some patients, whom I have seen lately, have presented some of the worst features of pustular eczema, the scalp being full of scales and the hair matted together.

The treatment consists in destroying the pediculi and nits by means of petroleum; if this is done the pustular eczema will soon get well under simple treatment.

*Impetigo contagiosa* may be defined as an acute inflammatory affection of the skin, characterized by the formation of vesicles, which soon become pustules and the rapid formation of sticky, yellowish, moist, discrete and confluent scabs, situated particularly on the face, fingers and hands. It occurs in children and is often passed from one schoolfellow to another.

During the last seven years I have seen over 700 of these cases, and am inclined to assert that so far as children are concerned it is almost as common as eczema. When a child has this disease complete isolation is not necessary, but the child should certainly be kept away from school until it is cured, as, unless great care is exercised, it will prove a source of contagion to the other children.

The treatment is simple. White precipitate ointment should be applied, and the case is generally cured within a week or two.

*Tinea Favus.*—This is much rarer than the previous affection. It is a chronic vegetable parasitic disease, which attacks children's scalps and other portions of the body. It is particularly prevalent in Poland and Hungary; in the United States it is met with chiefly in immigrants who have come from these countries. I have seen striking evidences of its contagiousness in our public schools, especially in those attended by foreign-born children. It has been decided that the presence of this disease in immigrants is sufficient cause for forbidding their landing in New York. I have now seen quite a number of cases where children born in this country and of American parents have been attacked, the disease having been contracted from foreigners. In one case a little girl of South Baltimore had caught this disease while attending public school. The disease is recognized on the scalp by the dry sulphur-like yellow, discrete and confluent crusts, pierced by hairs, the presence of atrophic scars and a mousey odor.

I would suggest that not only should a strict lookout be kept for this disease by the officers of our port of Baltimore, but that the condition of the scalp of foreign-born children attending our schools should be the subject of strict inspection by the proper authorities. A crusty condition of the scalp occurring in children, and especially in foreign-born children who come from Poland, Russia or Bohemia, should always put us on our guard. Children suffering from this disease should certainly not be allowed to attend school. The disease is very chronic, lasting for years, and if a case is cured within twelve months it might be described as an instance of fairly rapid recovery.

*Scabies* is another contagious disease often mistaken for eczema. It is an affection which is apt to spread more among members of the same family; but a child having this disease is a source of contagion to others, and should be kept away from school.

To sum up, it is of the utmost importance that far more attention should be paid to the diagnosis and treatment of ringworm of the scalp, and especially to the condition characterized by scaly dandruff-like patches. Any child, indeed, who is found to have a scaly or pustular affection of the scalp or face should not be allowed to attend a public school unless he can show a written certificate from a physician stating that the disease is of a non-contagious character. Physicians should not be too ready to diagnose as eczema a disease of the scalp which is secondary to parasitic infection, and should never pronounce a case of ringworm of the scalp to be cured until a very thorough examination has been made for stubby hairs once a week for three weeks after treatment has been stopped. I think it desirable that all teachers in our public schools should be instructed to keep away children who have any bald patches or any scaly or scabby condition of the scalp or face, or, in fact, any skin affection, until they have received a doctor's certificate that the disease is non-contagious.

# BRIGHT'S DISEASE OF THE KIDNEYS.

*By C. W. Chancellor, M. D.*
Baltimore.

THE phrase "Bright's disease" is employed to designate a form of chronic nephritis made known to the medical profession more than fifty years ago by Dr. R. Bright of England. This title is used because it involves no erroneous or disputable position. "Granular degeneration" is incorrect as a term, for the reason that granular deposition is not an essential part of the renal lesion. "Albuminuria" is inadmissible as a title, because, literally interpreted, it is applicable to a symptom only and one which occurs in various conditions. "Albuminous nephritis" and "Parenchymatous nephritis" cannot properly be used, because we are not entitled to assume, as certain, that an inflammatory condition is invariably the starting point of the disease, though we may admit the extreme probability of the fact; besides, albuminous urine occurs in other diseases, both acute and chronic.

The pathogeny of Bright's disease still remains obscure, but we at least partially know the circumstances that favor the origin and development of the disease. Apart from a morbid condition of the system manifested by a remarkable liability to certain forms of organic disease, involving one or more of the vital organs, and producing complications to which the patient usually succumbs, there are certain conditions of dyscrasia, from gout, rheumatism, scrofula, rachitis, malarial cachexia, etc., which may be reckoned as predisposing causes of the disease.

It would seem that the misuse of irritating diuretics sometimes leads to chronic nephritis, and the abuse of alcoholic beverages unmistakably plays an important part in the etiology of the disease. But chief among the predisposing causes are sudden and violent alterations of temperature, acting upon the skin, and the temporary and, in a still greater degree, the continual exposure of the body to cold and moisture, producing suppression of the cutaneous exhalations. The damp, cold weather of Northwest Europe, especially in England, Holland and on the coast of the North sea, is supposed to account for the great frequence of the disease in those localities. It is found also to be more prevalent among people who dwell in bleak, damp, seaside and marshy neighborhoods.

Dr. Samuel C. Chew, in an interesting monograph on "The Avoidable Causes of Bright's Disease," published in the fourth biennial report of the State Board of Health of Maryland, January, 1882, draws especial attention to the effects of cold and dampness. He says. "Cold and wet often cause disease in the kidneys accidentally, so to speak, just as they produce bronchitis, pleurisy and other inflammatory affections. The skin and kidneys hold such a relation to each other that when the function of the one is from any cause lessened that of the other is in a state of health correspondingly increased. Within certain limits one is supplementary to the other; but if the action of the skin be too suddenly or too extensively checked, then among other bad consequences the kidneys may become actively congested and inflamed. Now, the starting point of many cases of Bright's disease is found in just such congestion and inflammation, which, if taken in time, may be relieved by proper treatment and the organs restored to the healthy state, but if neglected they will issue in chronic and irremediable disease."

The first and most natural inference in avoiding those diseases which result from the effects of a sudden transition from a warm to a colder atmosphere is to avoid, as far as possible, such changes; and, in the second place, to protect ourselves by proper clothing against the effects of those vicissitudes which we cannot otherwise prevent or shun, and to preserve as

nearly as possible an equilibrium in the temperature of the air we are leaving and that into which we are going. It follows that the practice so prevalent in America of keeping apartments superheated by furnace fires, instead of making our living-rooms temperate only (68° to 75° F.), must be attended with constant danger whenever we leave them to go into the cold air without.

But if we must live in rooms heated to excess precaution should be taken not to go into the cold air until the body is reduced to a temperature more proportioned to that it will meet without. The same precaution should be used by persons who attend crowded courtrooms, churches or other full conventions, as theaters, assemblies, etc., where the breath of the multitude not only heats, but exhausts and debilitates the system and subjects it, in a still greater measure, to the evils which arise out of a quick transition from one extreme to another, a circumstance which may, and often does, give rise to renal diseases in consequence of a suppression of the cutaneous function.

Though pain in the region of the kidney has been reckoned as among the most common symptoms of Bright's disease, it is in fact wanting in a majority of cases throughout the entire course of the disease. Pressure over the region of the kidney may produce an uncomfortable feeling, but is not this the case when we subject a well person to a similar infliction?

The very moderate degree of sensibility possessed by the kidney in health is familiarly known and easily ascertainable by percussion and other similar means, but this point has been further demonstrated in the lower animals by a number of experiments. The kidneys have been drawn out from the abdomen, manipulated, cut, torn and burned with a variety of caustics without the animal operated on evincing signs of suffering. The practical inference from these facts is that very trifling pain or tenderness on pressure in the region of the kidney is a point of considerable consequence and one which the medical observer should not rest satisfied without tracing to its cause. This also explains how it is that Bright's disease is frequently a latent disease, which cannot always be detected by a physical examination.

It is needless to dwell on the importance of a careful and thorough inquiry into the state of the urine. The normal or abnormal characters of that fluid may in certain cases at once settle the question of the absence or presence of serious disease of the kidneys. In most cases the urine is voided as usual, seldom less, rather more, and should the disease set in with much severity the urine shows a dark color and diminishes in quantity. Usually it is feebly turbid, even while being voided of a pale color, of a bluish-green tint, foams very strongly and the foam remains a great while. The subject of specific gravity is so well understood that it is needless to dwell upon it.

Briefly, it may be stated that when there is no intercurrent febrile disease the specific gravity of the urine in Bright's disease is remarkably low and may sink to 1005; this is owing to the great decrease of urea and of the urates and other salts. The microscope reveals numerous fibrinous casts, at first accompanied by blood-cells and epithelium, afterwards covered with fat globules and granules. Dropsy is one of the most characteristic signs of the disease, but in rare instances it is absent throughout the entire course of the malady. It generally begins as anasarca. The edema often shifts its position in a peculiar manner, becoming more prominent in one place or the other. It is always most marked in the face and on the lower extremities, but water finally accumulates in the cavities and the patient succumbs.

Passing over a variety of useful matter, particularly respecting the proportion of urea, lithic acid, alkaline chlorides, etc., as the limited space of a medical journal compels, we come now to consider among the adventitious matters appearing in the urine during Bright's disease the one that is generally considered the most important, viz., albumen.

The presence of albumen in the renal excretion may be established by the majority of the reagents which serve for its detection in pure water, but the evidence of many of these cannot in the case of the urine always be trusted to. The combi-

nation of three characters, coagulability by heat and by nitric acid, and non-precipitation by acetic acid, affords and alone affords incontestable evidence of the presence of albumen. The necessity of the co-existence of these characters is frequently overlooked. Urine containing milk or casein, whether naturally or artificially introduced (a favorite trick of malingerers), will coagulate by heat and precipitate with nitric acid, but, unlike albuminous urine, will also coagulate on the addition of acetic acid.

Again, when albuminous urine is alkaline, no matter how it has become so, whether by long standing or otherwise, it does not ordinarily lose its transparency under the action of heat unless the quantity of the foreign principle present be very considerable, and even in this case gives only a milky tint. The addition, however, of a certain quantity of nitric acid will cause instantaneous coagulation, but it is a mistake to suppose that the presence of alkalies will always cease to influence the coagulation of the albumen by heat the moment the fluid containing them is neutralized with an acid.

Nitric acid in the proportion of a drop to a drachm will not insure turbidity under ebullition, but, on the other hand, precipitation takes place in alkalescent albuminous urine with or without the aid of heat if the quantity of acid be increased to several drops. This may be demonstrated by experiments made on white of egg dissolved in water.

It has been found that the coagulum obtained from an artificial mixture of two drops of serum and an ounce of normal urine increased in quantity until fifteen or twenty drops of nitric acid had been added to it, but disappeared completely when the quantity of the reagent had amounted to thirty drops. But this redissolution, even when the proportion of albumen is very small, requires at least twenty-four hours for its accomplishment.

The different aspects of the coagulum depend in a great measure on the quantity of the albumen present, and this is exceedingly variable, scarcely discernible by the usual tests in some cases; in others it has been known to constitute 27-1000 by weight of the mass of urine. When the proportion is as low as one part in a thousand ebullition and evaporation should be prolonged for a considerable time. If it is particularly desirable to learn the precise quantity of albumen present this may be effectually done by washing the coagulum obtained by heat in alcohol, drying and weighing it, and then subtracting the amount from the total weight of the urine employed. Such an accurate estimate as this, however, is not absolutely called for in practice.

A simple statement of the quantity of coagulum formed may be accepted as sufficiently satisfactory, and for this purpose the following scale, prepared by Dr. Christison, may be employed:

1. Gelatinous by heat.

2. Very strongly coagulable, where a precipitate distinctly separates by heat, and yet occupies, in twenty-four hours, the whole or nearly the whole fluid.

3. Strongly coagulable, where the precipitate, in twenty-four hours, occupies half the volume of the fluid.

4. Moderately coagulable, where it occupies an eighth of the fluid.

5. Feebly coagulable, where it occupies less than an eighth of the fluid.

Dr. William B. Canfield of Baltimore, in his admirable "Notes On Urinary Analysis" (William M. Warren, Detroit, 1896), furnishes the following formula:

1. When the amount of albumen is 2 or 3 per cent. the whole fluid is completely coagulated.

2. When there is 1 per cent. of albumen present the coagulum in the test tube reaches half-way up the surface of the tube.

3. When 0.5 per cent., one-third the way up.

4. When 0.1 per cent., one-tenth the way up.

5. When 0.05 per cent., the curved part of the tube is barely filled with albumen.

6. When there is less than 0.01 per cent. there is a slight cloudiness, but no precipitate.

It seems unnecessary to dwell upon the numerous other reagents proposed for the detection of albumen; as they are all confessedly inferior in accuracy and not superior in facility of employment to

those described it will be enough to enumerate them and refer the curious to standard works for further details. They are tannin, creosote, alcohol, ferrocyanate of potassium and acetic acid, bichloride of mercury, potassea-mercuric iodide, picric acid, etc.

Dr. Canfield calls special attention to the picric acid. He says: "When a few drops of a saturated watery solution of picric acid are added to clear urine, if albumen be present a slight cloudiness will show itself at once. Any cloudiness which may appear later is not necessarily due to albumen."

Albumen has not been admitted generally to a place among the normal constituents of the urine, and no facts seem to have been elicited proving error in this view. It may be true, however, that the failure in its detection depends not on the total absence of the principle, but either on its minute proportion, on its assumption of properties distinct from those it possesses when mixed with other fluids, or, perhaps, on the imperfection of the method of analysis.

Cautious assertion is here the more requisite, as we find it enumerated by some chemists as one of the numerous constituents of healthy urine. In practice, however, we are fully warranted in asserting that the fluid, normally elaborated by the kidneys, contains no albumen. But, on the other hand, it is indubitable that the fluid discharged from the bladder is found in a considerable variety of local or general derangements of the system—and even in the physiological condition of pregnancy—to be impregnated, either temporarily or more or less persistently, either slightly or abundantly, with that proximate principle.

It is a well-known fact that the urine of healthy individuals may become albuminous for a short while; for instance, twenty-four hours after direct or indirect excitement of the urinary passages. The action of certain articles of food and medicinal agents has, moreover, been stated to cause such intermediate irritation of the kidneys; it is perhaps equally tenable that an altered state of the blood is, in these cases, the direct cause of the excretion of albumen with the urine. Dr. Christison has occasionally known a temporary albuminous impregnation produced in healthy individuals by eating cheese, pastry and such other indigestible articles as are known to have in general the effect of increasing the usual solid ingredients of the urine and occasioning a larger deposit of lithic acid and lithate of ammonia. Where such consequences follow from the cause stated there is generally individual predisposition to gout and rheumatism.

Much has been written on the connection between dropsies and albuminous urine, especially with a view of proving the latter a dependence on the former. Attempts have been made to show that albuminuria exists only in the form of dropsy unconnected with organic disease, and hence to establish a method of diagnosticating the two kinds of serous effusion. It is needless to dwell on the fallacy of this view, the converse of which would be nearer the truth.

That co-existing albuminous impregnation of the urine and dropsical effusion stand to each other in the relation of effect and cause may be doubted for the following reasons:

1. Coagulable urine is voided in cases where no dropsy exists.

2. When dropsy disappears under the influence of diuretics the urine does not therefore become coagulable.

3. No cases of dropsy occurring in subjects proved to be free from organic diseases, or a morbid condition of the blood, and in which the urine has been found albuminous, are on record.

From the facts related or referred to the subjoined propositions follow:

1. To infer the existence of a special lesion of the kidneys from the mere presence of albumen is utterly incorrect.

2. Consequently, boiling the urine of all the inmates of a hospital, according to the plan of certain observers, in order to determine the frequency of Bright's disease, is liable to lead to false deductions.

This article has already extended to such length that we are unable to do more than to give the outline of treatment which has been recommended. The exhibition of mineral acids in alkaline urine is to be deprecated; they rarely succeed in altering, with any persistency, the con-

stitution of the urine, and the system at large almost invariably suffers from the gastric derangement they are prone to induce. A dry and warm climate is always to be preferred, and flannel, especially when the weather is cold and damp, should be worn next the skin. Abuse of alcoholic liquors and the use of diuretics are to be strictly prohibited.

Although the dietetic chapter of Bright's disease is not yet complete, a good deal has been accomplished in this direction. A nutritious and succulent diet, such as rare roast beef, soft-boiled eggs, strong beef broth and large quantities of skim milk has been very successful in replacing the loss of albumen. A moderate amount of good beer or wine should be prescribed, and good, ripe fruit in any shape may be used without fear.

Concerning the therapy of the disease, but little can be said further than to enumerate certain medicines which have been found beneficial when applied *secundum artem*, i. e., to meet indications as they may arise. Quinine and iron are the most reliable general remedies. Frerichs speaks favorably of tannic acid. Opium is valuable in painful micturition. Lead has been given to diminish the albumen. Nitroglycerine is employed with benefit where the disease is attended by weak heart or fatty degeneration of the heart; digitalis is also an important remedy under similar conditions. In the first and second stages of the disease minute doses of spirits of turpentine are recommended by Beahr, especially in post-scarlatinal nephritis. In the third stage of Bright's disease lycopodium is known as one of the most efficient remedies.

Besides these medicinal agents we have to mention an agent which, under certain circumstances, is more powerful than any other in the treatment of the disease—it is water. In any form of Bright's disease the skin is very inactive and the cutaneous function interrupted. A restoration of the normal activity of the skin must favor, or, perhaps, cause a restoration of the normal function of the kidneys. The daily use of the hot bath, of a temperature of 85° to 100° F., followed by sweating for two hours in woolen blankets, is of the first importance.

That disease should be treated in the way most consonant with natural laws is an axiom too commendable to good sense to be controverted in the abstract, yet it is much neglected in ordinary medical practice, and drugs, which are alien to the human economy, are in general resorted to in the first place and too often implicitly depended on, while the great natural agents of proved potency are either ignored or employed in an incomplete and subordinate way. Mineral waters, especially the Buffalo Lithia, Berkeley and Capon waters of Virginia and West Virginia, have many advocates, and the witnesses to their healing power in diseases of the kidneys are legion.

---

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

*Meeting Held October* 1, 1897.

The annual meeting was called to order by the president, Dr. S. K. Merrick. Dr. E. E. Mackenzie was proposed for membership.

The following-named gentlemen were elected as officers for the ensuing year: President, Dr. Wm. Green; vice-president, Dr. R. B. Warfield; recording secretary, Dr. H. O. Reik; corresponding secretary, Dr. E. V. Milholland; treasurer, Dr. W. J. Todd; member of finance committee, Dr. S. K. Merrick; executive committee, Dr. J. W. Lord, chairman; Dr. A. D. McConachie, Dr. F. D. Sanger.

*Dr. Merrick*, in retiring from the presidency, presented his thanks to his fellow-officers for their assistance, and especially to Dr. Lord, "who, as chairman of the executive committee for the past year, has made the Clinical Society break all its records in the point of attendance, increase in membership and in the excellent character of the work performed."

*Dr. Osler* expressed the hope that the society would this year endeavor to make itself more truly a "Clinical So-

ciety" than it had been in the past, and suggested that the programme for each meeting should contain one or more patients or pathological specimens for exhibition.

The president advised the new executive committee to bear this suggestion in mind. The society then adjourned.

*Meeting Held October* 15, 1897.

The meeting was called to order by the president, Dr. William Green.

*Dr. John Ruhräh* opened the programme with an "Exhibition of Cases," as follows:

This is a typical case of myxedema, quite a number of the more prominent symptoms being absent. I find the first mention of myxedema in 1873, when Sir William Gull reported to the Clinical Society of London two cases and mentioned having seen three others. The case which I show entered the Nursery and Child's Hospital this summer. It had previously been in the Home of the Friendless. The family history was almost negative. The trouble was first noticed when the child was about eight years old, at which time the leg and arm began to swell. The father noticed that during the summer it would improve, but each winter became worse. In addition to the myxedematous condition, she had a large number of abscesses and sores, which were apparently specific, and she was put upon inunctions of mercury and iodide of potash. The ulcers healed up quite readily. She had two different attacks of malaria during the summer, which yielded quite readily to quinine. The face and one arm are enlarged; the skin does not pit upon pressure and sensation is apparently not disturbed. The myxedematous condition is also manifest in the leg, the left being more affected than the right. The heart and lungs were perfectly normal and digestion good. There was slight disability in locomotion, going up one step at a time, and the right foot always preceding the left. Her intellect seems as bright as that of other children of her age. She has none of the flushing of the cheeks that is spoken of, and the fact that it occurs in one so young is interesting. I have found no cases in the literature under twenty. The blood and urine are normal.

Acromegaly may be thought of, and it is said that arthritis deformans may be mistaken for it. In the latter disease the bones are affected, and in the first the bones are always thickened and the face is oval in curvature, with the large end downward.

*Dr. Wm. Osler:* As Dr. Ruhräh remarked, this is a very anomalous case, anomalous in the absence of any mental features and in the distribution of the disease. I would like to call attention to the papers of Ruston Parker, written recently on juvenile myxedema, where it develops in young persons with atrophy of the thyroid gland, following fevers like scarlet, etc. The thyroid gland atrophies after these diseases, and there is produced a myxedema differing in no feature from the myxedema of adults, except that it occurs in early life. Some of the cases that we have been accustomed to describe as cretinism are undoubtedly myxedema following specific diseases. I think one or two of the cases of cretins that I collected were probably of this character. Since I wrote the paper that is being passed around I have had notes sent me of an interesting case, a child developing a case of myxedema after typhoid fever. One of Fagge's cases described many years ago was also of this nature. I am tolerably familiar with the literature of this subject, and I know of no instance described of the anomalous character of this case. There can be no question of the myxedematous nature of the case but the absence of the mental features. I should say the therapeutic test in this case would be absent. There has been no case of myxedema systematically treated, so far as I know, that has resisted the myxedema treatment. Even when they are reduced to the condition spoken of, a bag of viscera, the condition has been completely removed and the patient restored to physical and mental health.

*Dr. Bernstein:* I have had recently to look up the history of an exactly opposite condition, exophthalmic goiter, and came across a case something like this. The child was ten years old, had not grown since six. He administered the thyroid and the child began to grow at once.

*Dr. Preston:* It is a very interesting thing, the recent chemical work that has been done on the thyroid secretion, two distinct theories being that the secretion from the thyroid gland either destroyed certain toxines that were liberated in the blood from some other organ, or that the material secreted by the thyroid gland was a decided benefit itself. So far as the mucoid secretion goes it is interesting, because, while it is a colloid material, it is not mucin, so that it is hard to say just what effect the administration of the thyroid extract had and how it produces its effect. Baughman found that by boiling the thyroid extract in 10 per cent. sulphuric acid its potency was not injured. Others working along the same line found that the dry thyroid contained almost 9 per cent. of a peculiar form of iodine. There are really two forms, one of iodine and albumen in combination, and the other of free iodine. The experiments have not been fully completed to demonstrate that thyro-iodine-albumin combines, but evidence points to the fact that this is a thing which does the good after all. The conclusion of these experiments will be interesting.

*Dr. Winslow:* I should like to remark about this case that it was in the University Hospital under the care of the physicians there for about a year. She was under thyroid treatment during the whole time she was there, and when she left there she was in vastly better condition than she is now. Under the thyroid treatment, so far as my recollection goes, she improved very considerably. When we tore down the hospital she was dismissed.

*Dr. Ruhräh:* One point I should like to mention in regard to the treatment is that fact that we have been giving the thyroid extract. The first preparation we gave was evidently inert. We gave it in increasing doses without any effect whatever. Another preparation was obtained, and we started with two grains, and after a very few days we got constitutional effects. We dropped back to one grain, and she is now taking that three times a day, and as yet there seems to be no effect whatever, except that on the hand and on the legs the pitting on pressure seems to be rather marked; it is softer than when she came at first. That has been noticed only within the past few days.

*Dr. Randolph Winslow* then reported "Three Cases of Gunshot Wounds of the Intestines." I have had a somewhat unusual experience within the last five weeks. There have been admitted into the hospital five cases of gunshot wound of the abdomen. In one of these the bullet did not enter apparently the abdominal cavity, and the man, without any operation, has made a recovery. Three of the cases I have here tonight, and the fourth case, which was admitted two weeks ago tonight, unfortunately did not survive. The first of these cases occurred on the fourth day of September and was brought into the hospital at night of that day, a boy aged twelve years, from Elk Ridge. The bullet entered the abdomen somewhat to the right of the middle line and about midway between the ensiform cartilage and the umbilicus. No particular symptoms were apparent when he entered. He was in good condition; the wound was at once explored and found to enter the abdominal cavity. Immediately laporotomy was performed. The bullet passed through the free edge of the liver, making a track of about an inch through the tissue and passing downwards, cut the small intestines in five places, and one hole was found in the mesentery. The incision was made, not in the linea alba, but through the fibers of the rectus, near the linea semilunaris. A clot of blood was found in the liver. The wounds were closed by lumbar sutures and the boy had little trouble afterwards. At the time of the operation the temperature was 101° and the pulse was 116, and it rapidly fell so that two days afterwards the temperature was subnormal, and the highest point reached after that, except the first day of the operation, was 100 3-5°. He was not allowed any nourishment at all for awhile. After twenty-four hours small quantities of beef tea were given by the mouth, and later milk, until finally he was restored to nearly a normal diet.

The second case came in thirty-six hours after this one, and the wound was received at short range with a weapon of large size. He is a large man and in good condition. When he entered he did

not expect to get well, and declined to have any operation performed. He consented later; a laporotomy was done, and six holes in the small intestines were found and sutured. The original wound is near the middle line, between the umbilicus and the pubes. An incision was made in the line of the bullet wound. I packed the wound with gauze for drainage. The night following the operation the temperature went to 102¾°, the pulse was 142 and his condition seemed to be extremely critical. I cut the sutures, removed the gauze and considerable flow of bloody fluid took place. The next morning the temperature was 104 4-5°, and from that time on he had no trouble. The wound is now healed. The suture employed here was a rectangular suture, which I found answered extremely well.

The third case also comes from Elk Ridge, both patients of Dr. Eareckson; he came in about a week after the other. He was having a little fun and a friend of his took a hand in it and put a bullet into him—a very large bullet, which entered near the free margin of the costal cartilages, under the liver. It traveled upwards and cut the first portion of the duodenum and followed up into the liver. The abdomen was full of blood and there was a large quantity of bile free in the cavity and a certain amount of intestinal fluid exuding from the wound. It was a difficult wound to suture. After ten days he passed the bullet without any difficulty. This man I did not think would recover. The pelvis, as well as the abdomen, was filled with blood and intestinal fluid. I made an opening from the ribs almost down to the pubes and placed two drainage tubes of glass in place. His highest temperature for two weeks was just 100° and his pulse about 90. The wound has not quite healed yet. I think this man's life was saved by leaving the wounds open, and I think he would have died if I had sutured him up entirely. I have operated eight times for perforating gunshot wounds of the intestinal tract; five of these have recovered, one died—presumably because I failed to find the bullet wound. I thought the man would die on the table, he was so collapsed, and although I examined the small intestine the wound escaped observation. It was just about at the edge of the jejunum and colon. The case that died recently had six wounds in the small intestine, which I sutured. He was a large, fat man and drank large quantities of beer. The case seemed to be favorable for operation, but the man died within forty-eight hours and I believe with symptoms of peritonitis. I thought this collection of cases was not likely to occur soon again, and this was a favorable opportunity to bring them before you.

*Dr. Tiffany:* It seems to me the Association is to be congratulated on having presented at one time three cases so extremely rare. The gunshot wounds of the abdomen that recover are comparatively rare if presented one at a time, and we are not apt to have a better comment on the advance that surgery has made within the past few years than just this collection of cases. It is within the recollection of many present that Sims' suggestion in regard to the opening of the abdomen for perforating wounds was laughed at, and one of the questions asked was, would he open for a bullet if the wound was received somewhere about the stomach. One or two suggestions were made as to opening it if the wound was lower down, and they were surprised at Sims when he answered that he would have done the operation no matter what part was injured. One of these cases was wounded above the stomach. I regard the five recoveries out of eight as very excellent. Very few men have been fortunate enough to have so many cases come within an operable time, and I do not think so many recoveries have occurred to any other man out of the same number of cases. The individual brought from a distance of ten or twelve miles and seen twelve hours after the injury, the boy, recovered very nicely. This is very suggestive in regard to military surgery. A man may be shot through the belly and twelve hours later have the belly opened and closed without drainage and recover. The time after the shooting that the operation is done is to be considered. The expediency of draining the wound is considered in the other cases. In the first, where the man's temperature and pulse having gone up, and the aspect is unfavorable, the letting out of a cer-

tain amount of fluid made a very great change for the better, and in the next man, beside the sewing he had, he was drained in two places, in the liver and above the pubes. I think these are important points, and it probably explains why opening the belly has been so extremely unfavorable, for most of the books have told us to sew up the belly. In the cases where I have operated for gunshot wound I have drained two out of three with gauze, and they have recovered. I did it because the liver was wounded and they required packing. I do not know whether that could be done in military surgery or not, but in hospital practice it seems to be well worth trying in more cases than has been done heretofore.

*Dr. Winslow:* I should like to say that I made a mistake in regard to the boy. I did drain him also. I do not know that it did any particular good in this case, for I removed it twenty-four hours later, but it was left there at the time of the operation.

*Dr. Tiffany:* Another point suggests itself to me in regard to the supposedly favorable case that died. The question comes in as to what happened to the bullet, where it went and what sort of material it went through. One or two of the most favorable cases I have seen had but three holes in the intestines and died in about forty-eight hours. I had thought he was sure to recover. He died of first-class sepsis; so the operative part of the proceedings is somewhat secondary to the question of infection of the bullet where it first goes in.

*Dr. Keirle:* I know nothing of these cases ante-mortem, but I have seen some of them post-mortem. It has seemed to me that the operation required two things—that everything should be cleansed about the bullet and good suturing. It is not always an easy thing to find the wounds. Some of the worst cases I have encountered have been drained by gauze or by the gum drainage tube. It seems to me the gauze soaks up the secretions like a sponge and retains them, while, on the other hand, the gum tubes becomes filthy. I think the glass drainage tube is perhaps the most acceptable. Death may occur from shock or from subsequent hemorrhage from some very old vessel, or death may come from diffuse peritonitis or sepsis. The latter may occur with very little peritonitis. Not infrequently after these wounds the search for the bullet, which may be imbedded and not found even after post-mortem, is futile.

*Dr. Ashby:* I have had no experience with gunshot wounds of the intestines, but I have with dealing with injuries of the intestines in abdominal work. In one case I removed eight inches of the ileum, in the second case five and in the third four inches, all recovering. In two of the cases I removed the uterus and tubes; in the third it was simply to resect the bowel for a peculiar tumor. I should like to relate it.

I was called to Virginia to remove a tumor supposed to be causing obstruction of the bowel. When I reached the place I found the woman very ill. She had had obstruction for some days and was vomiting fecal matter. The tumor was quite large and was presumably an ovarian tumor, with the history of rapid growth, coming on after a childbirth that had occurred three weeks before. On opening the abdomen I found the tumor was not ovarian, but was a part of the intestines, and that the intestines opened into the tumor by a very small orifice and was filled with the contents of the bowel. One end of the tumor was closed and the other was open to the bowel, which accounted for the rapid distention of the tumor. It was necessary to cut out part of the intestine. This was done in a country kitchen, on the table, and no one but a country physician who had never seen an abdominal section to help me. It was almost impossible to carry out any principle of aseptic surgery. This woman made a recovery in spite of her bad surroundings and her very poor condition.

I mention the case simply to show what can be done in diseased conditions of the intestines regarding cutting into them. I think this record of Dr. Winslow's is very encouraging. I have had occasion to sew up small wounds of the intestines where accidentally cut in operation and in all my cases so far I have been able to record a recovery. I have had following abdominal operations three

or four cases of fecal abscess, where bowel contents passed out through a drainage tube, but all got well. I think going back four or five years in my experience I can recall one or two cases in which I might have saved the patient by drainage, or where I might have discovered some lesion of the bowel if I had known as much as I do now. In connection with the work I do now I make sure to observe very carefully the condition of the intestines and see if there is any trouble at all in the action of the bowel that requires attention. Dr. Winslow's cases are exceedingly interesting and show the advance in the direction of treating such wounds. I recall Dr. Sims' address and the remark of a distinguished surgeon here, who said, "It is pretty theoretically, but impossible to carry out."

*Dr. B. B. Browne:* The most important point in the matter is the question of opening the abdomen in every case whether symptoms demand it or not. If it is remembered that the injuries to the small intestine are more fatal if above the pelvic brim than if below it will guide us in selecting the cases for operation. The point in the whole matter is the importance of opening the abdomen in every case where there has been a penetrating wound and to remember in such injuries drain the abdomen.

*Dr. Winslow:* If there is a wound we incise it and follow it up, and if it leads into the abdominal cavity we open it at once. A wound from in front is almost certain to injure the intestines or some of the solid viscera. One of the cases I operated upon was a wound of the stomach. In regard to the question of drainage, I did not drain with rubber, nor did I drain with gauze exclusively, but with glass tubes and gauze, the latter packed especially around the area of injury. In regard to the bullet being septic, I think they are all so. I do not see how it could be otherwise. The bullet going through the clothing of the patient certainly comes in contact with infectious substances and is very apt to become infected.

Dr. H. O. Reik, Secretary.

## Medical Progress.

Inviting Sleep.—The ways proposed to invite sleep are numerous, and suggestions too often come from insufficient experience. Dr. J. B. Learned publishes (Journal of the American Medical Association) a description of the method which he personally tried to bring on sleep. As the result of an accident to himself he had great difficulty in sleeping, and used every known method recommended in books, journals and by his colleagues, but finally hit upon the plan of certain muscular contractions and relaxations, which brought on a sense of fatigue, followed by sleep. Lying upon his back he reached for the footboard and headboard at the same time, then raised the head slightly and the shoulders, breathing deeply all the while. After ten or twenty inspirations the head drops back and the process is repeated. By moving the head, feet, arms and legs in the manner described, and turning to one side and the other, he found that the muscular fatigue soon brought on a refreshing sleep.

* * *

Hydrophobia of Long Incubation. Feltz and Archambaud (Medical Record) have reported the case of a man, twenty years of age, previously in good health, who, after several days of dissipation, was seized with chill and difficulty in respiration. The temperature was normal, the pulse not accelerated. There was complaint of pains radiating from the sternum and difficulty in swallowing. In a short while the face became pale, the expression terrified, the eyes deep. There was intense dyspnea, with pharyngeal spasm and inability to swallow; also precordial pain, radiating toward the left arm. After awhile furious delirium set in and sanguinolent froth was ejected from the mouth. Respiration and pulse became accelerated, the pupils dilated, cyanosis developed and death ensued. A diagnosis of hydrophobia was made, and on inquiry it was learned that the patient had been bitten on the lip six and one-half months previously by a rabid dog.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of the accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Room 606 Fidelity Bldg., Charles and Lexington Sts.
BALTIMORE, MD.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JANUARY 15, 1898.

**About Ourselves.**

WITH a desire to keep abreast with the times the publishers of the MARYLAND MEDICAL JOURNAL have discarded the old methods of typesetting and now have the pleasure of presenting to their readers the pages of the JOURNAL set by the Mergenthaler Linotype machine, by which fresh, new type is made for each issue, and the whole JOURNAL has that clean look and appearance so characteristic of journals published in this modern style.

* * *

**Summoning a Physician.**

WHILE physicians rarely refuse to answer a worthy call, they are in no sense obliged legally to respond. Attempts to make laws compelling them to come when called have in no case ever been successful. The public is ever ready to summon a physician when he is supposed to be needed, but it should never be forgotten, when the demand for a physician is made, that someone is legally responsible. But in cases of an injury when unconsciousness supervenes, the patient has no power to ask for help, and therefore in an emergency almost anyone offers to call the physician without considering on whom the responsibility rests.

In a recent action by a physician to recover compensation for his professional services it was held that the one who requests a physician to attend another person professionally without disclosing the fact that he acts as agent or messenger is liable for the physician's charges. Physicians rarely dispute such refusals to pay, and, as a rule, are the losers in transactions of this kind, but their rights in the matter should not be forgotten, and they should not be imposed on simply because they are generous enough to respond to calls of assistance without further questioning.

* * *

**The Medical and Chirurgical Faculty.**

THERE are few medical societies which have attained the advanced age of the Medical and Chirurgical Faculty of Maryland and which are so vigorous and powerful. What this society has gone through since its foundation would make an intensely interesting history, and the fact that the annals of the profession, together with a history of the Faculty, will be published in the Centennial Volume of the Faculty should make not only every member subscribe to that volume, but the work should be in the possession of every physician of Maryland and in every medical library of the world.

The Faculty has gone through many changes and vicissitudes in its long career, and while for a long time it was active and alert and full of interest and help to the profession, at other times it seemed to be nodding, and interest in that body and its work waned to a dangerous degree. Now, however, the whole body is bristling with life. The best piece of work it has done for many years is the medical law, with the consequent State Board Examinations, which have a tendency to raise the standard of the medical schools and certainly elevate the condition of the medical profession in Maryland.

The Faculty is a very old man, but a very vigorous one, and at the completion of its hundredth year it is hoped that not only will the present debt be wiped out, but a large sum will be subscribed towards a larger building, which the ever-increasing membership demands. The Centennial Committee has a responsible position, and all the members should assist it by subscribing to the work and gaining new members for the Faculty.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 8, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | . | 18 |
| Phthisis Pulmonalis | .. | 25 |
| Measles | 12 | .. |
| Whooping Cough | 14 | 1 |
| Pseudo-Membranous Croup and Diphtheria. | 54 | 8 |
| Mumps | 1 | .. |
| Scarlet Fever | 18 | .. |
| Varioloid | .. | .. |
| Varicella | 4 | .. |
| Typhoid Fever | 3 | 3 |

There were over 9000 deaths in Baltimore during 1897

The new gynecological building at the Johns Hopkins Hospital has been opened.

It is said that some of the New York medical schools will establish chairs of hypnotism.

The United States Government has prohibited the entrance of immigrants suffering with favus.

Health Commissioner McShane of Baltimore has very strictly forbidden the use of ice from unclean ponds.

The Tammany government has appointed Dr. Wm. T. Jenkins and Dr. John B. Cosby on the New York Health Board.

Suit against the Piedmont Pulp Company for polluting the waters of the Potomac river, has been decided against the company.

Dr. Robert W. Johnson, ranking as Colonel and Chief Surgeon of the First Brigade of the Maryland National Guard, has resigned his position.

Mrs. Robert B. Morison, widow of the late Dr. Robert B. Morison, has presented to the Johns Hopkins Medical School his valuable collection of books, including many rare dermatological works and some instruments.

Dr. William S. Tremaine, a well-known physician of Buffalo, died at his home last Sunday, aged sixty years. He served as a surgeon in the late war and after that settled for a short time in Baltimore. He went to Buffalo in 1881.

Health Commissioner McShane of Baltimore has notified the city school board that books used in families where there have been cases of infectious diseases can be thoroughly disinfected by formaldehyde gas and safely used again by other pupils.

The Medical and Chirurgical Faculty at the celebration of its 100th anniversary will issue in 1899 a volume containing the annals of the profession of Maryland and an account of the proceedings of the centennial meeting. The price of the volume will be two dollars ($2), and all names should be sent to Dr. Wm. Osler, 1 West Franklin street, Baltimore.

Mr. Ernest Hart, editor of the *British Medical Journal*, who has been in ill-health for such a long time, died last week in his sixty-second year. In early years Mr. Hart was editor of the London *Lancet*, but in 1866 he was appointed editor of the *British Medical Journal*, which has borne the marks of his vigorous editorial supervision. Mr. Hart was interested in many charities in England and was the author of many monographs.

The annual meeting of the York County Medical Society was held in that city last week. After the discussion of the several papers and the serving of a sumptuous banquet, these officers were elected to serve for the ensuing year: President, Dr. J. R. Brodbeck, Jefferson; vice-presidents, Drs. I. H. Betz, York, and G. W. Bahn, Manchester; secretary, Dr. Roland Jessop, York; treasurer, Dr. Jonas Deisinger, York; censors, Drs. J. H. Bittinger, Hanover; J. C. Channell, Wrightsville, and A. A. Long, York; examiners, L. E. Zech, New Salem; Charles Rea, York; N. C. Wallae, Dover.

The Baltimore University Hospital has been very materially improved in the last few months. The wards have been refitted with white enamel beds, the floors stained, the building lighted with improved light, the surgical and gynecological departments have been entirely remodeled and fitted with new appliances and the ophthalmological and lying-in departments have been made equal to any in the city. In the college building the pathological laboratory has been supplied with new microscopes and work tables, while the dissecting-rooms have been equipped with marble-slab tables.

## WASHINGTON NOTES.

The bill introduced into the House to restore medical freedom to the people of the District of Columbia has been returned to Chairman Babcock, accompanied by an unfavorable report by Dr. Woodward, District Health Officer. After some good, sound argument against the bill, he ended by saying that "there was, in his judgment, absolutely nothing in favor of the bill."

Dr. Samuel C. Busey has been re-elected for the seventh time president of the District Medical Society. The meeting was well attended, and although some of the younger members of the profession decided to move a change in the chair, Dr. Busey managed to get 106 out of the 111 votes cast. Other officers chosen were Drs. C. W. Richardson and George M. Kober, vice-presidents; Dr. Thomas C. Smith, corresponding secretary; Dr. S. S. Adams, recording secretary; Dr. C. W. Franzoni, treasurer; Dr. E. L. Morgan, librarian; Drs. C. W. Richardson, C. A. Kleinschmidt, Wm. B. French, John T. Winter and George N. Acker, board of censors.

## Book Reviews.

Simon's Clinical Diagnosis—New (2d) Edition, Revised and Enlarged. A Manual of Clinical Diagnosis by Microscopical and Chemical Methods. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M. D., Late Assistant Resident Physician Johns Hopkins Hospital, Baltimore. In one very handsome octavo volume of 530 pages, with 135 engravings and 14 full-page colored plates. Cloth, $3.50.

The second edition of Simon's Clinical Diagnosis, which has appeared in such a remarkably short time after the first edition, has proven the popularity and value of this work. In this edition the whole book has been brought up to date and many chapters have been entirely rewritten, all through numerous additions have been made and the whole has been increased by about fifty pages. Some of the illustrations have been replaced by better ones, and some still remain, which, though beautifully executed, are perhaps rarely seen outside of books. The chapter on the examination of the cerebro-spinal fluid is a new one. Dr. Simon's book is easily the best of its kind written in English.

A Text-Book of Practical Therapeutics, with especial reference to the application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Armory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, etc. With special chapters by Drs. George E. de Schweinitz, Edward Martin and Barton C. Hirst. Sixth Edition, thoroughly revised and largely rewritten. In one octavo volume of 756 pages. Cloth, $3.75; leather, $4.75. Lea Brothers & Co., Publishers, Philadelphia and New York. 1897.

Previous editions of this book have been so thoroughly noticed in these columns that an extensive review now is hardly necessary. It must be a great satisfaction to the author to know that although the fifth edition was three times as large as any previous one it has become exhausted inside of two years. He has had the good judgment to omit remedies which are rarely employed and are rather a curiosity, and thus kept the book within reasonable size. He gives a large number of prescriptions throughout the work, and the indexes are so arranged that any subject may be found with ease.

Text-Book of Materia Medica for Nurses. Compiled by Lavinia L. Dock, Graduate of Bellevue Training School for Nurses. Third Edition. Revised and Enlarged. Eleventh Thousand. New York and London: G. P. Putnam's Sons, 1897.

While nurses do not need a medical education in order to carry out their vocation, they should have a very clear idea of what drugs are and for what they are used, and for this purpose Miss Dock's little book on Materia Medica for Nurses, which has already reached its third edition in a very short time, is to be recommended. She divides her work into the organic and inorganic materia medica, ending up with a list of new drugs and with an appendix. It is needless to say that the work is bound and printed in that perfect manner so characteristic of the publishers.

Index-Catalogue of the Surgeon-General's Office, United States Army. Authors and Subjects. Second Series. Volume II. B—Bywater. Washington: Government Printing Office, 1897. Pp. 954.

In this second volume of the second series there are 15,732 author-titles, representing 6,383 volumes and 14,802 pamphlets. It also contains 5,774 subject-titles of separate books and pamphlets and 21,725 titles of articles in periodicals. This is easily the best catalogue

of its kind in the world and is in constant use in foreign libraries.

The Lofoten Islands and their Principal Product. Parke, Davis & Company, Detroit.

This is a beautiful piece of work, issued by a progressive firm, giving a history of these Northern islands and how the cods are caught. The outside cover is ornamented with a lithograph of a cod, and the numerous illustrations of Lofoten and its inhabitants are in black and white.

The Philadelphia Medical Journal. Published weekly by the Philadelphia Medical Publishing Company. George M. Gould, M. D., Editor; Augustus A. Eshner, M. D., Assistant Editor. January 1, 1898.

Since the *Medical News* went to New York, Philadelphia has lacked a first-class weekly. To Dr. Gould, who has unique ideas on the subject of editing medical journals, is due the credit of originating this new venture, which is said to be a journal for the profession, of the profession and by the profession. The stock company is composed largely of physicians, one of whom is Dr. William Osler of Baltimore. The make-up of the *Journal* consists of Editorial Comment, Selection, American News and Notes, Foreign News and Notes, Philadelphia News and Notes, the Latest Literature and Original Articles.

This *Journal* has a very high standard and deserves the support of the profession. The editor promises to keep the advertising pages clean and free from secret preparations. His work in this line will be watched with interest. He has already admitted more than one advertisement of a preparation the ingredients of which or its method of manufacture are not known to the public.

---

Dr. Charles Dunbar Roy is associate editor of the *Atlanta Medical and Surgical Journal.*

Dr. Walter L. Pyle, A. M., M. D., is now the editor of the *International Medical Magazine.*

Dr. Frederick W. Mann has succeeded Dr. G. Archie Stockwell as editor of the *Medical Age* at Detroit.

---

## REPRINTS, ETC., RECEIVED.

Criminal Abortion. By H. R. Storer, M. D. Reprint from the *Atlantic Medical Weekly.*

The Infectiousness of Chronic Urethritis. By E. R. Owings, M. D. Reprint from the *Johns Hopkins Hospital Bulletin.*

## Current Editorial Comment.

### LABORATORY TEACHING.

*Philadelphia Polyclinic.*

The demands of medical science make it necessary to be familiar with chemical tests and the use of the microscope in order to do successful clinical work. The doctor trained under the old system is handicapped by the laboratory skill of his younger competitor, who knows how to stain sputum for tubercle bacilli, count blood-cells and estimate the amount of hemoglobin.

### PHYSICIAN'S INFLUENCE.

*Charlotte Medical Journal.*

It has occurred to us many times in the past that physicians do not pay enough attention to the influence on their business, of the conduct of themselves and their families. With this in view we wish to call the attention of our readers to this point. In our estimation a physician practicing outside of the larger cities must be a married man in order to be a success, and must have for his life partner a woman who is discrete, for even though he tries to keep separate his professional and home life, many things are repeated as coming from the doctor's wife, "and, of course, she knows," which become so distorted in the rounds of gossip that the patient's family on hearing them will "never want that doctor again."

### ETHICAL OBLIQUITY.

*Cleveland Medical Gazette.*

The most insidious quackery is not outside of the profession. The most culpable writers of testimonials to patent medicines are not the clergymen. They are medical men, who, while they may have a fair degree of mental astuteness, or may have improved good opportunities for education, and may hold prominent positions, have a certain bias in their moral faculties which allows them to twist themselves about, in stating scientific opinions, in a way which opens their pocket on the side next to the appreciative manufacturer. You read in a medical journal an article which purports to be purely scientific, or you listen to a lecture from one you have been led to suppose devoted to the study and elucidation of medical truth, and by and by you perceive that science is being juggled with to produce certain illusions.

# PROGRESS IN MEDICAL SCIENCE.

SUBSTITUTION.—If you would avoid substitution, prescribe Sanmetto in original package. It is put up for sale in eight-ounce bottles only—never in bulk.

I HAVE given your Bromidia with success as a remedy for insomnia, especially where produced by excessive study or mental work.—DR. LUIGI SALUCCI, physician to the Holy Apostolic Palaces, the Vatican, Rome, September 1, 1897.

THE Keeley Institute affords the physician in regular practice with desirable relief by receiving for special treatment that large class of cases produced by alcohólic stimulants and drug addictions. For further particulars address the Keeley Institute, 1418 Madison avenue, Baltimore, Md.

A FAVORITE remedy in the treatment of pulmonary phthisis, bronchitis, scrofulous taint, general debility, etc., is Robinson's Hypophosphites, which is an excellent nutritive, tonic and alterative. Attractive pamphlets on this and other well-known preparations made by Robinson-Pettet Co. will be sent on request.

RELIABLE PHARMACY.—No matter how great may be the ability of the practitioner as a diagnostician, the patient receives no advantage if the preparations administered are of indifferent quality; and if, as the result of substitution of imitation goods, the outcome of a given case is unsatisfactory, the physician will be blamed, not the druggist. See that your prescriptions are filled as written.

A TERRIBLE SCALD.—"It gives me much pleasure to bear witness to the valuable qualities of your preparation, Unguentine," writes Dr. J. E. G. Waddington, West Coventry, Ky. "The first case in which I used it was that of my wife, who accidentally overturned a kettle of hot water, severely scalding her foot, making an extremely painful injury. I used nothing but Unguentine, covering the same with cotton and a bandage. I never saw quicker or better results from the first application. The burning sensation was relieved almost immediately and a complete cure was effected in a very short space of time without any scar whatever. I have frequently used it since, and it has always given good satisfaction."

MADE IN AMERICA.—The supplementary collective investigation of the American Pediatric Society, which embraced more than 1700 cases of unmistakable laryngeal diphtheria, showed conclusively that the antitoxin which is now most generally employed and which yields the highest rate of recoveries is a domestic product—Mulford's Concentrated Diphtheria Antitoxin. The report contained 1704 cases, of which 40 per cent. had been treated with Mulford's. In the cases so treated the mortality was about one-third less than in the cases treated with all the other antitoxins combined. Physicians who are not already familiar with this product should not fail to write for full particulars and recent brochure to H. K. Mulford Company.

AN ARGUMENT.—It is the opinion of eminent gynecologists that the surgical treatment of the diseases of women has been largely overdone, and that much useless mutilation has been inflicted in cases which could have been treated more safely and effectively by local applications. Conservatism is again becoming the watchword, and the medical profession is recognizing the fact that the knife should be resorted to only when medicinal treatment has failed. When it is considered that congestion and inflammation constitute the chief element in many genital diseases, it is easy to understand why Micajah's Medicated Uterine Wafers have effected so many radical cures and have proved so often an efficient substitute for surgical measures. These wafers exert a specific influence in relieving congestion, reducing inflammation and re-establishing normal conditions of the affected mucous membranes. Under their influence, pain and other discomforts are alleviated, discharge caused to disappear and exudates absorbed. They act safely, efficiently and agreeably in all cases where an antiseptic, astringent and general tonic and alterative action upon the genital organs is indicated. Their particular sphere of usefulness is in vaginites, leucorrhea, endometritis, prolapse of the uterus and menstrual disorders, especially those incidental to the menopause.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 15. BALTIMORE, JANUARY 22, 1898. Whole No. 878

## Original Articles.

# THE INFLUENCE OF CRUDE SEWAGE UPON ANIMAL LIFE IN THE BAY.

*By William K. Brooks, Ph. D., LL. D.,*
Professor of Zoology, Johns Hopkins University.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

I HAVE been encouraged to speak on a subject that is a little out of my field by the late Dr. James Carey Thomas. Only shortly before the death of Dr. Thomas I had an opportunity to converse with him, and he assured me that on some suitable occasion within a short time he himself would undertake to say what I shall try to say now. I had hoped that this would be the occasion when Dr. Thomas would address you; but I will try to give you briefly the substance of our conversation, which, put in a nutshell, is this: So long as we take oysters from the Chesapeake bay and eat them the disposal of the sewage of the towns and cities on the bay is practically the problem of contamination of drinking water.

Every oyster in the bay is engaged day after day throughout the year, all day and nearly all night, in drawing into its shell a stream of water, filtering this through its gills, and then discharging this stream of water again. This stream can be traced for five or six feet away from the oyster by the disturbance it produces in the water. In fact, I think it is hardly an exaggeration to say that every drop of water that enters the Chesapeake bay from the Susquehanna river has a good chance to be filtered through the gills of an oyster before it reaches the ocean.

After the oyster draws this stream of water into the shell the water passes through microscopic pores over the surface of the gills and out again through the vent pipe. During this process all microscopic organic life, or most of it, is filtered out. This is so true that those who manage aquaria have long been aware that water which has been filtered by the fresh-water mussel is peculiarly adapted to their uses, because it does not contain the germ of the green algæ, which grow so profusely upon the sides of glass vessels, this material being so perfectly taken out by the mussel that the glass remains clean for a long time. The oyster does the same thing. These organisms, instead of going through the pores of the gills with the water, are entangled in the cement which the gland cells of the gills are continuously pouring out, and they are pushed along until they reach the mouth of the oyster, and are passed along into the stomach, where they are ultimately digested and converted into the wholesome substance of the oyster. In the meantime the oyster may contain great numbers and a great variety of organisms in transit from the gills.

Now, I should be very sorry to have anyone infer from this that raw oysters are not good food. They are good,

wholesome food for man; but, unfortunately, the oyster does not discriminate in its diet. All bacteria are not pernicious; some are just as wholesome as lettuce or other vegetables. I have had under the microscope little oysters so small that the shell was transparent, and I have seen the bacteria whirling about in the stomach of the oyster. Pernicious bacteria would, of course, be gathered up and ultimately carried through this process just as wholesome ones are. It is said that sewage discharged into the Chesapeake bay would be so diluted in the water that the chances of infection through the oyster would be hardly worth considering. Now, I think we would all of us drink a glass of water from a stream a long distance from a source of pollution, but we would not eat a piece of filter paper through which great quantities of that water had been filtered.

The old microscopists were very much interested in a group of microscopic organisms, many of them of great beauty, which exist in endless quantity in bodies of water, fresh and salt, and they quickly discovered that many marine diatoms, which were very rare, could be found by cutting up the stomachs of oysters and washing out their contents. That particular hunting-ground was worked for a long time to get specimens of these very rare forms, which could seldom be found in any other way. I think all who are familiar with the part the oyster plays in the economy of nature will not feel at all surprised if infectious diseases are sometimes traced to that source; but this subject attracted very little attention until quite recently.

It was only about five years ago, 1893, that a number of cases of cholera, scattered over a pretty wide area of the interior of England, were very definitely traced to infection through the consumption of raw oysters that had been placed to fatten in a stream near the opening of some sewers. About a year later a young man, who had been trained in this university, went to Wesleyan University. Twenty-six students were attacked with typhoid fever. All of these students had partaken of oysters which had been taken from a certain locality near the mouth of a sewer. Professor Conn studied these cases, and proved conclusively that this outbreak of typhoid fever was caused by raw oysters. Soon afterwards fifteen persons in five houses of a small town in France, where no typhoid had occurred for a long time, were attacked with typhoid fever, and it was found that all of them had partaken of oysters from one barrel, and that nobody who had not eaten of the oysters, either in those houses or anywhere else in the town, suffered from the disease.

These few instances, so carefully and completely studied, and coming so close together, attracted so much attention that last year the Local Governing Board of Great Britain employed a student, Professor Cline, to carry on a series of experiments with oysters, to see how far and under what conditions this infection through oysters could occur. The first step was to find how long typhoid bacteria and the cholera germs could live in sea water, as it had been supposed that sea water itself would exert a destructive influence upon the germs of disease. A number of flasks filled with sea water were inoculated, some with the typhoid germ and others with cholera, and they were kept under observation for a period of three or four weeks. During all this time it was found that the cholera and typhoid germs persisted alive in the sea water, and while there was no evidence that they multiplied, yet there was no destruction, and cultures made at the end of this time, in case of the typhoid germ, were just as pernicious physiologically when used to inoculate animals as the germs were at the beginning of the experiments.

Another experiment was tried in this way: A number of three-gallon aquaria were filled with sea water and a dozen oysters placed in each. Some of the aquaria were inoculated with typhoid, others with cholera, and the water was kept pure by drawing off each day one-third of it, one gallon out of the three, and replacing that by a gallon of fresh sea water, so that the volume of water was changed over and over again during three weeks. At intervals of this time oysters were removed from the tank, carefully washed to remove any germs on,

but not in, the oyster, wiped and dried, and from the juices inside the shell and the crushed particles of the shell cultures were made. In every case it was found that up to twenty days or more these cultures of typhoid had lost none of their power. In the case of cholera, this was not quite so marked. The germ had lost some of its virulency.

These results prove that the germs of typhoid and cholera may live for a period of three weeks or more in sea water; that they may be taken up by oysters, and that epidemics of these diseases may arise and spread from the oyster beds. Another interesting thing shown by these experiments was, that so far as the oysters themselves were concerned, no harm was done at the end of three weeks, the oysters being then as healthy and marketable to all appearances as any oysters kept that length of time would have been. The oyster is not injured by micro-organisms that are injurious to us any more than by those that form its normal food.

Now, it must not be supposed that the danger of acquiring typhoid fever through the consumption of oysters is very great. The Chesapeake bay is an enormous body of water and the chances are very slight that any particular oyster should have gathered up the germs of typhoid or cholera and should have them on its gills when caught and taken to market, and that it would be eaten raw by a person at that time unable to resist the disease. The chances of such an occurrence are slight, of course; but it seems to me that as the greatest industry, or the most characteristic industry of Maryland, is the oyster industry (and we can make it not only the most characteristic, but the most important industry in the State), and as we are exposed to some danger through the consumption of raw oysters, I think it is proper, before any decision is reached as to the ultimate disposal of sewage from the towns and cities on the bay, that this particular aspect of the problem should be investigated, so that we can determine just how dangerous it is.

We must determine whether it is advisable to adopt a scheme of sewage disposal, which, while it may not make the dangers any greater, would not relieve us of this source of danger. Even the imputation of unwholesomeness would result in an enormous injury to our oyster business. The business of exporting American oysters to Europe is now being developed, and foreigners would be very ready to become suspicious of our oysters. In studying the history of these experiments, conducted under the Local Governing Board of Great Britain, I found something which shows this very well.

Professor Cline says he received two lots of the oysters gathered from where there might have been contamination by sewage. One lot came from East river and the other from the North sea. Professor Cline made cultures from all these oysters, and in the lot from the North sea he obtained typhoid germs in abundance. Now, the officer of the Local Governing Board, in his preface to this report, which has been printed by the English Parliament, says that Professor Cline showed that American oysters might carry typhoid to England. The report really shows just the opposite, but in some way the facts were turned around so that the blame was laid upon the American oyster, and this illustrates how slight a danger might be a serious blow to our oyster industry.

---

Vicarious Menstruation after Removal of the Ovaries.—Marsi (British Medical Journal) observed this phenomenon in a young lady who had undergone vaginal extirpation of the appendages for chronic inflammatory disease. For four months the urine became bloody precisely at the date of the normal period before the operation. Neither at that time nor between the vicarious periods could any trace of the pathological products be detected, the deposit in the urine consisting of a few blood corpuscles and vesical epithelial cells.

# METHODS OF SEWAGE DISPOSAL.

*By George H. Rohé, M. D.,*

Superintendent of Springfield Insane Asylum, Sykesville, Maryland.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

THE speakers whom you have heard, and Dr. Fulton, who is to follow, have made my task an easy one. The report of the Sewerage Commission of Baltimore contains all the facts necessary to enable any citizen to decide for himself what plans should be adopted by the city. A careful study of the report will show, however, that engineers as well as doctors may disagree. The consulting engineers, after a careful study of the problem, recommend the disposal of the sewage by filtration on land. The Commission itself, supported in its conclusions by General Craighill, has recommended the discharge of the sewage into the Chesapeake bay, at a distance of about twelve miles from the center of the city. The reasons given by the Commission for its recommendation are the less cost of the first construction of the work, and the less expense of maintenance.

There can be no doubt that, other things being equal, a saving of $7,000,000 in the complete construction of the works and over $600,000 annually in maintenance should be decisive in favor of discharging the sewage into the bay. There is grave doubt, however, whether this method of disposal of the sewage would be effective. Reference is made in the report to the experience of Chicago, which city, by discharging its sewage into Lake Michigan, so fouled the lake near shore as to make it absolutely necessary to expend an enormous sum, estimated at $32,000,000, for the construction of a drainage canal by way of the Des Plaines and Illinois rivers into the Mississippi. The report also refers to the fact that the city of London treats its sewage by chemical precipitation. It fails, however, to state that London had discharged its sewage into the Thames about ten miles below London bridge.

It was found, after some years' experience, that the tidal flow in the river carried the sewage up-stream to near the center of the city. In the report of the Commissioners on Metropolitan Sewage Discharge, in 1884, it was stated that the Thames from Greenwich pier to Woolwich, both points above the sewage outlets into the river, was "a disgrace to the metropolis and to civilization," and they expressed the opinion that "some of the sewage must have reached within a short distance of London bridge." The intolerable nuisance created by the discharge of the sewage into the Thames had made it necessary for the city of London to supplement its former elaborate disposal works with arrangements for chemical precipitation. It was also found by this same English commission that there were large deposits of mud in the Thames above the sewage outfall, consequent upon the discharge.

It is true that the volume of sewage of the city of London is much larger than that from the city of Baltimore will probably ever be; besides, the volume of water discharged by the Susquehanna, and available for dilution, is very much greater than that of the Thames. Nevertheless, the unsatisfactory experience of London with this method of discharging the sewage should make us hesitate about adopting it. While Boston discharges its sewage into the sea without, up to this time, having caused any nuisance, it must be remembered that the tidal variation in Boston harbor is about ten times as great as that at the head of the Chesapeake bay. The sewage of Greater New York is discharged into what is practically the ocean; and, while it is not fair to speak of sewage and garbage as representing the same things, it may be of interest to note that, within a week, one of the New York papers felicitously spoke of bathers "dodging garbage in the surf at Coney Island."

The float experiments made by the

Commission seem to me so inconclusive that I think they ought to be left out of consideration altogether in coming to a decision upon this point.

I have no hesitation in agreeing with the recommendation of the consulting engineers that, despite the greater primary cost of the filtration method, the disposal of the sewage by this method is "the best solution of the problem for all time." Surely the successful experience of the city of Berlin, with its 1,800,000 inhabitants, is an object-lesson worthy of consideration.

The Commission has shown that land in abundance and of the most favorable character for the disposal of sewage can be obtained within eight miles of the city. The cost of this land, as estimated, is only about 65 per cent. of that paid by the city of Berlin. With the more scientific construction of sewers now possible, and the exclusion of all storm water, the success of the disposal of the Baltimore sewage by filtration should be much greater than it has proven to be in Berlin, Paris or any other community where the method has been adopted.

"The city of Berlin never refuses us the necessary money when it is a question of health and of sanitary works," said Mr. Hobrecht, the engineer in charge of the Berlin sewerage, when surprise was expressed at the large expenditure made for this purpose. It is, perhaps, an explanation of the broadmindedness of the Berlin municipality when we learn that the greatest medical philosopher of the century, Rudolph Virchow, has been for upwards of thirty years a member of the Berlin City Council. What might we not hope for here in Baltimore if either Professor Welch or Professor Osler were a member of our City Council; but who dare think of such a thing?

The estimates of cost made by the consulting engineers and the Commission are, of course, merely approximative. I am inclined to the opinion, however, that the receipts estimated from the selling of crops from the filtration field in the Baltimore system are fixed at too low a figure. The estimates allow for an income of only $3 per acre from the sewage fields. In 1887-1888 the sewage farms of Berlin were partly managed by the municipality and partly rented to market gardeners in fields of two or three hectares (five to seven and one-half acres); the rent obtained was on the average 200 marks ($50) per hectare. The portion of the sewage farms managed by the municipality returned an income nearly the same, there being only ten cents per hectare difference in the receipts between the fields managed by the municipality and those rented. It has been found that not only in Berlin, but in Paris, in Dantzic and in numerous towns in England, the rental value of sewage farms has constantly increased.

I have therefore no hesitation in saying that the greater primary cost of the filtration system over the dilution system would be to a considerable extent offset by the increased value of the land used for filtration. But it seems to me that the adoption of the dilution project would be, as it has been in nearly every instance where the conditions were similar to, or approached those in and around Baltimore, an experiment likely to result in failure. The filtration of sewage, on the other hand, is not an experiment, but has been always, where adopted, a permanent and final solution of the problem. I do not believe that Baltimore can afford to indulge in costly experiments, but the city can afford to expend any reasonable amount to secure the safety, the health and comfort of her citizens.

---

Fibroma of the Parietes and Pregnancy.—Michaux (British Medical Journal) describes a case of this disease, so much more prevalent in women than in men. The tumor developed almost immediately after a blow on the abdomen from the shaft of a cart. The patient became pregnant, then the tumor grew very rapidly. When removed eighteen months after the accident it weighed eight and one-half pounds. It grew in the sheath of the rectus. Notwithstanding its size, it was at no point adherent to the peritoneum.

# "WILL IT PAY?"

*By John S. Fulton, M. D.,*
Secretary of the State Board of Health of Maryland.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION, HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

ATTEMPTS to express the economic relations of sanitary works are to most minds not convincing. While we all admit that the State has a pecuniary interest in the life and health of the citizen, it is only when he has been violently bereft of his life or health that we are willing to assess the loss. Except in damage suits, we have no records from which to compute the value of human life, though in the case of domestic animals clear and satisfactory statements are annually made of the cost of disease and death.

But if no nation has chosen to declare the life of her average citizen to be worth any certain sum, all nations have poured out money without stint to meet the emergencies of great epidemics. Surely this fact is the best, because indirect and involuntary, evidence that human life and human health are of very great financial importance.

I ask your attention to three illustrations showing the amounts of money which Spain, Italy and the United States have expended on the incidental accompaniments of epidemics of yellow fever and cholera. The examples are taken at random. Eighteen eighty-four was a cholera year in Europe. Early in September Italy confessed that she had lost in revenue $7,680,000. About two weeks earlier Spain calculated her loss in customs at $1,000,000, and in imports and exports at $3,240,000. Please observe that these large sums are not the direct cost of cholera, but were items of the contingent expenses. Now, these governments, if they had invested the whole of these sums in preventive measures would, if successful, have saved the whole value of a large number of lives, plus the public and private cost of the care of the sick and dying, plus extraordinary quarantine, plus all the miserable results that trail after a great epidemic.

In 1878 we had yellow fever in the United States, and it was estimated that we lost, through disturbance of commerce and industry, $100,000,000. Incidentally, one may mention the loss of 15,934 lives. If immunity could have been bought, and the government had been asked to spend $50,000,000 to immunize all the coast population from the Chesapeake to the Rio Grande, Congress probably would not have listened to the suggestion, and yet, if we had purchased immunity at that price, we would have saved $50,000,000 in commercial and industrial welfare, plus the value of 15,934 lives, plus the public and private cost of a vast amount of sickness and death, plus the greater part of the cost of quarantine.

Now, it may occur to some of you that these figure testify to the fear of death in a particular guise rather than to the cost of sickness and death in general; but I think a moment's reflection will show you that what men fear is not the manner of death, but the hour of death, and all this wealth was poured out, not against yellow fever, but in the presence of an extraordinary menace of untimely death. The form of untimely death most common in this latitude is so familiar that we have, I fear, grown indifferent to it.

No epidemic of cholera or yellow fever has ever caused considerable rise in the total mortality of the United States for any year, but there is an annual epidemic of typhoid fever, beside which the epidemics of yellow fever and cholera are a mere bagatelle. A man accustomed to appraisements, Mr. J. H. Hill of Cincinnati, said last June that the United States pays an annual tax to typhoid fever of $527,250,000—stupefying figures. This result he obtained by the use of the Illinois court valuation of $5,000 for a human life, and no verdict, I believe, has ever been given by a court in this country for a less sum.

If you have followed me in these three

illustrations you must agree that the factors used in the next estimate which I shall show you are as low as they can reasonably be made. On this chart, copied from that of Erwin Smith of Michigan, you will find the typhoid mortality of thirty-nine well-watered and sewered cities and of 313 unsewered cities. Now, the mortality in the 313 unsewered cities is to the mortality of thirty-nine sewered cities as 4½ is to 1. Taking, for ease of calculation, the population of Baltimore to be 1,000,000, the mortality would be 480 per 1,000,000, and, applying the ratio 4½ to 1, we find that Baltimore, if sewered, would be entitled to a mortality of only 107 per 1,000,000. This is not extravagant. Did you not hear Dr. Welch say that such sanitary works had been known to divide the typhoid mortality by twenty? We should save then 373 lives, worth $932,500. It was said many years ago that the value of the average British subject was $720. Chadwick has more recently placed the value of the English laborer at $900. The French private soldier is valued at $1,200. We are said to value our privates at $1,000, though the records of our Pension Bureau indicate that he is, or ought to be, worth more money. No court has awarded for the loss of a life less damages than $5,000, so that $2,500 is well within the bounds of true valuation.

It must be remembered that the lives lost from typhoid fever are worth more than the average life, for the incidence of tyhpoid mortality is upon the best period of life. The greater majority of deaths occur between the ages of seventeen and thirty-five. The next item is represented by 373 funerals at $25 each, $9,325. To prevent this number of deaths would mean to prevent about ten times as many attacks of typhoid fever, or about 3,730 cases. The average duration of cases terminating in recovery is forty-three days, and if the cost of each day's illness is $1 we shall have another item of saving equal to $160,390. In Massachusetts the cost of a day's illness is said to be $2. Hence the total annual saving, according to this calculation, would be $1,202,215, which amount you may apply for yourselves to the cost of either of the two projects submitted by the Sewerage Commission.

Here is another estimate, and quite a different one: The English experience, which is the longest in the world, shows that their sanitary works have effected a saving equal to 4½ per cent. of the total mortality. Obviously, the saving is greater in those parts of the island where the sanitary works exist, and one may, without hesitation, assume that the introduction of sewers will decrease the mortality of Baltimore 3 per cent. at least. In saving 3 per cent. of the total death rate we should save 360 funerals at $25 each, amounting to $16,500.

If half of the fatalities occurred in effective periods of life we should save, among the 660 persons, 330 who are worth to the city $150 a year, and have each an expectancy of ten years of working life. This item amounts to $495,000. If there are twelve persons sick for every death, we should, by preventing 660 deaths, prevent twelve times as many illnesses, or 7,920. The cost of one illness may be reckoned at $10. The city pays $3 a week for each free bed in the hospitals, and makes, besides, large appropriations to the dispensaries; so that $10 will not more than cover the cost of an average illness among the dependent classes. We should save in the cost of non-fatal illness not less than $79,200.

It is said that for every death two persons are totally and permanently disabled. If we prevent 660 deaths, then we should prevent also 1,320 wrecks; and supposing these disabled people might have expected but two more effective years of life, we should save, at $150 a year, $396,000. We should also escape the care of that number of derelicts, who could not be cared for at any of our institutions for less than $150 a year, and assuming that they would not die and so get off our hands for two years, our last item is again $396,000. Saving 3 per cent. of our general mortality would at this rate amount to an annual sum of $1,382,700.

These figures, if they are true, and they are true in the sense that they are well within the truth, show that Baltimore can well afford to instal a sewerage system, even at a cost of $17,000,000, and that the

cost of the dilution project, if we must have the second best system, will be returned to the city within six years.

Be mindful that the figures which I have shown you touch but the skirt of the economic relations of a good sewerage system. Even in the item of better health we can reasonably expect valuable results to which I have not alluded, and which no man can prophecy. We should have not only better, but more health, and none of us dare say what profits will accrue through increased individual effectiveness; augmented productive energy, individual and corporate; smoother conditions, industrial, commercial and social.

It is worth further remark that the efforts directed against cholera landed the first effective blow upon typhoid mortality, and a resolute assault upon the diseases which are fostered by our filth-laden soil may lead us to good results just as unexpected.

To argue for the saving of life upon the basis of dollars and cents is to treat this subject upon the lowest plane. We look forward to the day foretold nearly a century since the good old Dr. Rush, when preventable death will be municipal crime. That time should not be far distant at a period when in respect of two such diseases as cholera and typhoid fever the whole gospel of salvation for the State and for the individual, the absolute essence of prevention, today and forever, can be written large upon a thumb-nail.

---

## HOGPENS AND SLAUGHTERHOUSES IN TOWN.

*By S. S. Maynard, M. D.,*
Health Officer of Frederick.

READ AT THE FIRST SEMI-ANNUAL MEETING OF THE MARYLAND PUBLIC HEALTH ASSOCIATION HELD AT BALTIMORE, NOVEMBER 18 AND 19, 1897.

I AM present to submit this paper on the subject of "Hogpens and Slaughterhouses in Town," at the solicitation of Dr. Fulton, who has called my attention to the fact that there is nothing so far in the proceedings of the Association treating specifically upon the matter.

That the regulation of hog-pens and slaughterhouse nuisances in the towns of the State has an important bearing upon the result of municipal sanitary methods is evident. If filth, as all our scientific knowledge tends to prove, is a promoter of disease, then we have no more potent sources of contagion and infection in the communities of this State than the average hogpen and slaughterhouse.

My experience of several years as the health officer of the city of Frederick has taught me to know this, and inspires me to speak forth as emphatically as I can in behalf of the common welfare of the people, whose health, and frequently whose life, is endangered by the contamination of air, food and water, from the proximity to dwellings and highways, of decaying vegetable matter and animal excrement.

First, I shall cite conditions such as I have seen in my own city, and such as I believe to prevail in the towns of this State generally, and then I shall offer such suggestions as have occurred to me for the betterment of our present condition. I shall speak along these latter lines, not only as a physician, but as a citizen, for it is as the citizen vitally interested in the welfare of his fellow-men that every member of the community should be willing to co-operate in these measures of sanitary reforms.

Supporting an accredited population of 10,000 in an area of one square mile, Frederick is, I believe, the most compactly-built town in the State. Except in the extreme suburbs, there are few large yards, and only a few small garden lots. Yet in this city, where economy of space has been so generally observed, there are about 200 hogpens, in many of which swine have been born and bred for a period of fifty years, upon identically the same spot of ground, sometimes in such close proximity to adjoining dwellings that it has been necessary to close both doors

and windows in torrid seasons to exclude the odors from styes, swill barrels and garbage utensils. The saturation of the soil with the refuse and increment from these pens during this long period of time has gone constantly on, and in a town where surface drainage prevails it may well be imagined that the hogpens have contributed no small share to the consequences of insanitary conditions.

I must say that, either through the intervention of Providence or the vigilance of the authorities, outbreaks of infectious disease have been few and slight. There has been none during my present term of office, and I am not prepared to say that even such cases of typhoid and other zymotic disease as have occurred could be directly traced to this source of contamination. I say this much in order to correct any erroneous impression that may be received from my strictures on the hogpen nuisance, as indicating that Frederick may be an exceptionally unhealthy city.

On the contrary, it is an exceptionally healthy city, as its vital statistics will show. At the same time I would not be understood to say that hogpens are not an unhealthy element in the environment of a town. I believe them to be unhealthy and unsanitary to a large degree. I attribute Frederick's escape from the conditions forced upon her by those who maintain these nuisances to vigilance in enforcing the ordinances by which the raising of hogs within the corporate limits is regulated, to the healthy location of the city and its pure air and water. In my city the regulation of hogpens by municipal ordinance has proved almost futile by reason of inoperative character of the laws that have been provided. Section 10 of an ordinance providing for "The Better Preservation of the Public Health" reads:

"Sec. 10. No hogpen shall be built or maintained within the limits of this city without a written permit from the Board of Health, nor within 100 feet of any well or spring of water used for drinking purposes, nor within fifty feet of any street, nor unless constructed in the following manner, viz.: The floor or floors shall be paved with asphalt or with brick or stone well laid in cement or with some other impervious material, and shall be drained and kept thoroughly cleansed and purified at all times and disinfected once in every twenty-four hours, and all offal, garbage, refuse and unwholesome or offensive matter shall be removed therefrom and from said premises at least once in every week, in the manner provided for the removal of manure or other noxious matter in Section 8 of this Ordinance."

It will be seen at once wherein resides the inoperative character of this provision. It is impossible to enforce the letter or even the spirit of these regulations. I believe this clause is a fair example of all such ordinances in towns where hogpens are allowed to be kept within the corporate limits. Notwithstanding the vigilance of the health officer there will occur instances of violation. It is impossible for the class of people that raise hogs to obey these injunctions. They cannot remove the offal, and they plainly tell you so. It would be imposing a hardship to compel them to abide by these provisions, and I have yet to see a corporate body in a small city sufficiently courageous to enforce the drastic measures that they or their predecessors have seen fit to adopt.

When neglect of these specific sanitary ordinances becomes so great that action is forced upon the authorities through the direct appeal of an indignant populace, there is left to them recourse to the State authorities. I am able to illustrate this point with a citation of the case of the State Board of Health *versus* Shafer and others, decided at Hagerstown, a case in which the hogpen nuisance became so great, and local authority so helpless in the face of the determined opposition of the hogpen owners, that litigation was resorted to. Fortunately for the interests of public health the cause of sanitary betterment scored a triumph, and it is important that the clear and cogent reasoning of the presiding judge upon these points should be cited here. Judge Stake said:

"Of the first class are the cases against Broy, Fairfax, Shaffer and Feigley, who are each charged with maintaining hogpens. Without stopping to consider the weight of the evidence on the part of the State as to the bad sanitary condition of

these hog-pens with the evidence in contradiction, it is sufficient to say that the evidence is sufficient to establish the fact that the presence from day to day of the excrements of such pens, or of the ordinary swill used in feeding swine, is productive of the propagation of disease germs in such number and of such virulence as to seriously affect the health of a city or town. Unless, therefore, the swill used in feeding is entirely consumed, and the excrements removed to some safe distance from the town daily, or more frequently, it is difficult to perceive how swine can be reared or fattened within the limits of or adjacent to the town without such pens becoming such nuisances as it is the declared policy of the law to abate."

We have here an exposition of the nuisance resulting from the maintenance of hog-pens that is characteristic of all such in all the towns of Maryland. They are a terrible nuisance. They are a *nidus*—an incubator—if you please, of disease germs which, swiftly propagated, sally forth to permeate the water, the air and food with elements dangerous to the health of man. This danger is far-reaching. It exists not only in the excrements that gather there and saturate the soil, polluting springs, wells and the local avenues of drainage, but there is an added danger even more seriously to be reckoned with from the decaying vegetable matter that stands in swill barrels and garbage buckets, throwing off poisonous effluvia to an extent which a thoughtless populace seldom realize. Not only are they propagators of these direct evils, but they exercise indirect influence endangering public health. One of the greatest is the unhealthy character of the meat of hogs so raised for home consumption of the people. Penned in his narrow confining walls from the time he is purchased as a shoat until he becomes fattened for the butcher's knife, the town-bred hog shares no opportunity with his country cousin to supply his natural and constitutional dietary with those succulent roots and herbs that his sensitive animal instinct teaches him are essential to his proper growth and development.

The country-bred hog shows a firm, sweet and solid flesh and an abundance of healthy fat. The town-bred hog, fed upon swill and offal, then stuffed with corn and surfeited with bran, lacks every element essential to health as a meat and fat-producer. He is butchered, marketed or reserved for home consumption, and thus in his entire career contributes to the deterioration of the public health. Why cannot those who persist in raising hogs beneath the nostrils of their fellow-citizens realize this? Why cannot they be taught to see that, even as a question of economy, it is cheaper to buy meat than to raise it, notwithstanding their protest as poor men that the hog is the poor man's savings bank? The whole question is one of patriotic citizenship as much as anything else, of loyal interest in the public welfare, and as such it should be appreciated by one and all.

The regulation of the slaughterhouses in towns and cities, so far as my experience goes, has been more effectual, but there is still a great deal that could be said upon the point. I have found it always advisable in dealing with the owners of these, as with the owners of hogpens, to confer with them and suggest, explain and mollify, rather than to anger, exasperate and correct into obstinacy. When I found that the ordinance of Frederick, prohibiting the maintenance of hogpens adjacent to slaughterhouses, was being generally disregarded, I summoned all the owners of these establishments by courteous invitations to meet me at the City Hall. Every man of them was there or sent a representative, and I fully explained the law and urged their co-operation. They willingly agreed to obey a measure that applied to all and allowed no one an undue advantage over another. Every hogpen so maintained was promptly abandoned. Dozens of hogpen owners of the other class have told me that they would willingly abolish their pens if the law so directed, but that they would not do so unless the rule was made general. I believe that is the spirit that prevails throughout the State.

But of the slaughterhouse nuisance, that which presents itself to me as the most harmful is the custom of disposing of entrails to indigent whites and blacks, who carry them to their homes to partake of themselves or to feed to their

hogs, dogs and chickens, leaving considerable portions to decay upon the premises.

In cases where hogs are raised by butchers in pens adjacent to slaughterhouses, it was once the custom of our butchers, and may yet prevail in some parts of this State, to sweep the fresh blood from the slaughtering-floors directly into the adjoining pen, dumping there also the remaining offal. Such methods of disposing of slaughterhouse offal are sufficient to strike terror to the hearts of those who know the importance of sanitation.

One of the greatest incentives to cleanliness in the maintenance of slaughterhouses is local competition. A butcher realizes that the success of his business depends to a large extent upon the cleanliness of his shop. It would not do to offer any ground for a rival to boast of greater merit in this regard. Thus the question of cleanliness in slaughterhouses partly regulates itself, but even with this it is far from the spirit of sanitation to allow any of these to exist within the limits of a town.

So far I have pointed out the evils. It is now within the province of this paper to suggest the remedy. The impracticability under the present laws of suppressing hogpens and setting slaughterhouses beyond the corporate limits of a town has been shown. An appeal to an intelligent and law-abiding people ought to prevail, but when it does not there are two remedies left—either bold, prompt, effective municipal legislation, absolutely prohibiting the maintenance of either nuisance after a stated period, allowing ample time for all to provide themselves against the loss of their premises, or an act of the general assembly regulating the question for the whole Commonwealth. In view of the fear of public censure that restrains town councils and county authorities from creating and executing such radical measures, legislative enactment as a last resort should commend itself to every sanitarian, certainly to every lover of his State who desires to see its public health preserved and its sanitary standards so high that none will dare assail. I trust to the co-operation of the people of every community for such a result, and I hope that this body will not rest until the evils that confront us have been corrected.

---

Atrophic Endorhinitis.—At the discussion before the American Laryngological Association on atrophic endorhinitis, Dr. John N. Mackenzie of Baltimore spoke especially of the pathological anatomy of so-called atrophy of the intranasal structure; he insisted, first, that ozena was not atrophy, although it was frequently a symptom of that condition, and we are dealing not simply with an inflammation of a mucous membrane, but with a definite structural change in an important organ of respiration.

There has been a great deal of confusion in regard to this subject on account of the ignorance of the anatomy of the parts. In atrophy of an organ the highly inflamed portions suffer the most, while the connective tissue may show no wasting at all. Atrophy of which he spoke was the one connected with degeneration. The most common cause is the chronic irritation produced by inflammation of the nasal mucous membrane; it is a sort of chronic condition. In some cases the irritation may reach the nose through the blood.

There is no direct histological or clinical proof that the sclerotic process is an atrophy from the beginning, but it is very possible that atrophy soon after birth may have been preceded by catarrh before birth. He does not believe that so-called nasal sclerosis is atrophic.

---

Tetanus.—Poli reports in the Medical Age a case of successful treatment of tetanus by the subcutaneous injection of a 1 per cent. solution of carbolic acid, repeated in two hours. The wound was excised and the parts dressed with carbolic acid and iodoform, while sodium bromide and chloral were given by the mouth.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

*Meeting Held October* 15, 1897.

*Dr. William H. Welch* then followed with an "Exhibition of Pathological Specimens:" I am indebted to Dr. Hamburger for notes on a case of melano-sarcoma. The history of the patient is in abstract this: He is thirty-eight years old; was admitted to the Johns Hopkins Hospital on the 26th of July, 1897, complaining of pain in the abdomen and in the back. His previous history was that in 1890 he received an injury to the right eye; was struck by the branch of a tree. Two years later the right eyeball was enucleated, but no history could be obtained as to the condition of the eye. I think the sight must have been lost through a tumor of the same nature we found here, a melano-sarcoma, for the eye is commonly a primary seat of these tumors. After that there was an appearance of a subcutaneous tumor, presenting a bluish shimmer as seen through the skin, while a swelling developed over the liver; gastric symptoms came on, he lost weight, and grew weaker and weaker and at last developing bronchitis, with bloody sputum, he died of exhaustion. The primary tumor, I think, was the result of the accident to the eye and the melano-sarcoma starting from the choroid.

At the autopsy we find very extensive distribution of the typical tumor nodules, nearly all of them very black in color. The heart shows some dots of melanotic sarcoma, varying in size from pin-point specks to nodules of the size of a walnut, the average being that of a pea. They were present in the pericardium, the tissue outside of the heart, the substance of the myocardium and are very numerous in the endocardium. In the right auricle there are very large numbers of these growths. Note particularly the pin-point ones; some are very minute in size. You will observe that some are covered with the intact endocardium, though others appear to have almost ruptured through. One can readily imagine that in some of these growths the characteristic pigment cells could have been washed away and thus have been distributed through the circulation.

In the kidneys they were very abundant, particularly in the adipose tissue surrounding the organ. They are present also in the substance of the kidney, projecting from its capsule. The tumor nodules, as is so commonly the case, were very numerous, very large and very extensive in the liver. The whole organ was enormously enlarged and presented throughout the black nodules. Some are sharply circumscribed, others appear more like infiltrations. They are also present in the lung, as is commonly the case, at the root of the lung and in the pleura, scattered over the parietal and visceral layers and also in the substance. One lung was almost converted into a typical melanotic growth. They are also present in the intestines, particularly near the attachment of the mesentery, and are especially numerous in the ileum. I should like to call attention to the fact that the spleen is free from nodules; there is a little injection, but no growth. They were present in the abdomen, the lymphatic glands of the chest and were found in the intramuscular fascia. In the posterior part of the right orbit there was a recurrence of what was doubtless a primary growth, which could be seen when the glass eye was removed. They were also present in the gall bladder.

Most of the nodules are of intense black color, but here and there you will see some that have not much color, some only sprinkled with black and some opaque and colored only at the margin. The case is one of the most typical of melanotic nodules, presumably primary, in the choroid of the eye. They were described first by Virchow. Previously they had been called melanotic cancers. Since that time the view has gained ground that all of these tumors are sarcomas and that there is no melano-carcinoma. You will find a stroma containing stellate spaces filled up with cells of epithelial type. The stroma is filled with connective tissue cells, and in the spaces are the large cells that look like cancer cells. These tumors that spring from the choroid may be either round or spindle-cell sarcoma. The distribution of the tumors is quite characteristic. This was pointed out by Vir-

chow; the absence of the tumors in the spleen and that the liver and lungs were the most favorable points for development. The distribution is very much the same as we have in certain infectious diseases. The tumor cells must be widely distributed by the circulation. There have been one or two instances of successful inoculation of animals with sarcomata. This patient showed the dark urine, clear when voided, but on standing it became darker in color, and if mixed with oxydizing agents it turned black like ink. The preliminary form of pigment is present in the urine. The case is a very typical one of melano-sarcoma.

*Dr. Osler:* The diagnosis in these cases of subcutaneous tumors may often be facilitated by the knowledge that the disease usually springs from the trouble in the eye. I have had the unusual experience of having seen two of these cases within a short time. An interesting point is the remarkable length of time elapsing from the first appearance of the tumor. The patient may die and not know, and the physician may not know that there is a sarcoma in the eye. One such instance I saw at Blockley. On the other hand, there may be a period of three years or five years with recurrence of tumor in the stump, or a very much longer period, ten or fifteen years. In one case in Philadelphia the eye had been removed fifteen years before. There was no obvious recurrence in the stump, but there were distinct nodules in the connective tissue of the stomach.

*Dr. Welch:* This is one of the diseases less common than formerly. As has already been pointed out, melano-sarcoma of the internal organs is less common now than formerly. This is attributed to the early diagnosis and removal of the eye. That raised the question at Berlin, that if there is no recurrence after four years after removal of the eye there was no danger of metastases, which is evidently incorrect.

Meeting then adjourned.

H. O. Reik, M. D., Secretary.

---

Guaiacol.—It is difficult with our present knowledge to find a more effective remedy in pulmonary consumption than guaiacol.

## Medical Progress.

Brain Desuetude.—Sir James Crichton-Browne, in an address (The Lancet), recently spoke of the dangers of health from indolence and disuse of the brain. The medical profession cannot too strongly insist upon some sort of occupation to keep the brain in active use. Many persons have worked too hard and worn themselves out at an early age. Elderly persons and even those of middle age, having given up business and professional life, and have laid aside their avocations without having other interests or pursuits to which to turn, may become plunged into despondency or premature dotage. All great brain workers have lived to an advanced age. He had seen several cases of mental disease induced solely by enforced idleness by men who had been turned out of public service or had given up their business too early in life. It would be better to arrange gradual cessation of work and not break off from sudden hard work to idleness Persons, too, who belong to the so-called "leisure class," unless pursuing some hobby, soon show signs of brain disuse.

* * *

Contributions of Bacteriology to Therapeutics.—It has taken a long time for physicians to see the connection between bacteriology and therapeutics, and because a cure did not immediately follow the discovery of an especial organism many hasty persons were inclined to look upon bacteriology as a luxury and of no practical use. Dr. William Hallock Park points out (Medical News) the way in which the study of the toxines was added to our therapeutical knowledge. One of the strongest preparations is antitoxine in diptheria. Tetanus antitoxine also has been a very powerful advantage in immunizing against possible infection. As for the future outlook, it seems bright for obtaining through serums or through the toxic substances of the micro-organisms themselves means for immunizing against most, if not all, of the bacteriological diseases.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of the accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Room 606 Fidelity Bldg., Charles and Lexington Sts.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JANUARY 22, 1898.

**Complete Excision of the Stomach.**

DOUBTLESS most of our readers have noticed in the daily papers an account of a remarkable case of surgery, in which the whole stomach was removed by Dr. Carl Schlatter of Zurich, Switzerland. As a rule, when reports of remarkable surgical achievements get into the secular press, it will be found that the whole thing is either a myth or is exaggerated out of all proportion; hence one learns not to accept such reports unless credibly authenticated by the medical press.

The above-mentioned case, however, is no myth, and the surgical feat of total ablation of the stomach from the esophagus to the duodenum was actually performed by Dr. Schlatter on September 6, 1897, and the continuity of the alimentary canal restored by attaching a loop of small intestine to the esophagus. The patient was a woman aged fifty-six years, who was the subject of a glandular corcinoma of the stomach, which involved this organ to such an extent that no operation was possible except removal of the entire stomach or the performance of a jejunostomy. Dr. Schlatter decided to attempt extirpation of the whole stomach, which was successfully done; he then tried to unite the cut end of the duodenum to the esophagus, but whilst they could be brought in contact the tension was too great to permit of suturing. A loop of small intestine was then seized and attached to the esophagus in a similar manner to a gastro-enterostomy.

Contrary to all expectations, the patient not only survived the operation, but made a good recovery. The patient was at first given nutritive enemata containing brandy and eggs, but on the evening of the next day a small quantity of tea and milk was given per os. Small quantities of milk, eggs, bouillon and wine were allowed on the third day, with pepsin or muriatic acid. At the end of a week a little scraped meat was allowed, and in a few days considerable quantities of food were administered at frequent intervals. On the twentieth day, after eating heartily, vomiting of undigested food occurred. Upon restricting her diet the symptoms of indigestion disappeared, and she began to gain flesh rapidly.

By this bold and successful surgical feat Dr. Schlatter at once steps into the front rank of the world's famous surgeons, and establishes the fact that an organ hitherto considered vital may be removed without killing the patient. Various interesting physiological problems may find their solution, if the patient survives a sufficient length of time.

To Dr. Beaumont we are much indebted for observations in regard to the processes of digestion as studied in the stomach of Alexis St. Martin, and it may be that Dr. Schlatter and his patient will be the means of advancing physiological knowledge to an even greater degree than he has advanced surgical art. The account of this extraordinary case may be found in the *Medical Record* of December 25, 1897.

* * *

**The Mayor's Appointments.**

AFTER several weeks of comparative quiet, there comes again the uncertainty of tenure of office held by the Health Commissioner of Baltimore and the Quarantine Physician. Both of these men have served a long term of apprenticeship and are probably better equipped for their work than any other physician appointed merely for political reasons. The Health Department has made many advances in the past few years and now no changes should be made that would weaken its efficiency.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 15, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | .. | 29 |
| Phthisis Pulmonalis | .. | 20 |
| Measles | 17 | 1 |
| Whooping Cough | 15 | .. |
| Pseudo-Membranous Croup and Diphtheria. | 78 | 10 |
| Mumps | .. | .. |
| Scarlet Fever | 29 | 1 |
| Varioloid | .. | .. |
| Varicella | 8 | .. |
| Typhoid Fever | 6 | 2 |

Two hundred years ago the death rate of London was eighty; now it is less than eighteen.

Sir William MacCormac is said to be the most highly decorated member of his profession in Great Britain.

Dr. Francis G. Willis, a retired physician of Richmond, Va., and a very wealthy man, died at his home last week.

The physicians of Norfolk, Tidewater Virginia and North Carolina have organized an interstate medical society.

There are said to be in the United States 275 medical periodicals, of which 10 are weekly, 11 fortnightly and 228 monthly.

A machine called a divinometer, which is said to gauge the psychic force of the individual, has been patented in Europe.

Male nurses in England seem to have difficulty in obtaining adequate instruction. It is said that no general hospital gives a course of training for males.

The law-abiding citizens of Belair, Harford county, Maryland, are trying to prevent the sale of liquor in drug stores of that place on physicians' prescriptions.

The Prince of Wales has been pleased to appoint Sir William MacCormac, Bart., President of the Royal College of Surgeons, and Alfred Downing Fripp, M. S., F. R. C. S., Assistant Surgeon to Guy's Hospital, to be Surgeons in Ordinary to His Royal Highness.

Dr. Robert T. Wilson has been elected surgeon in charge of the Woman's Hospital of Maryland at Baltimore to succeed his father, the late Dr. H. P. C. Wilson.

The New York Ophthalmic Hospital obtained a verdict against a man who was treated at that hospital and represented himself as unable to pay, but who afterwards was found to be very wealthy.

The New York State Board of Health has appointed Dr. Dillon Brown and Dr. W. H. May special examiners of antitoxine, as a guard against impure or fraudulent products being sold in the State. Their duty began on January 1, 1898.

An English contemporary says that in the lease of many London houses there is a provision forbidding the carrying on of any trade or business, and it has been decided by the courts that the business of treating the sick is one of the forbidden trades.

In Buenos Ayres there is one physician to each 1000 inhabitants, and it has been proposed there to close the medical schools for five years to prevent overcrowding of the profession. In the United States there is about one physician to every 500 inhabitants, with no such cheerful proposition on hand, but new medical colleges are constantly appearing.

The managers of the New Amsterdam Eye and Ear Hospital at 230 West Thirty-eighth street, New York City, gave a reception last Thursday afternoon to present their new hospital and clinical building to the public. Addresses were made by Dr. Thomas R. Pooley and Rev. Dr. H. M. Sanders of the Board of Managers. Dr. George A. Taylor, formerly of Baltimore, is one of the surgeons in charge of this institution.

In Paris a list of doctors ready to attend in case of emergencies occurring in the night is published for the convenience of the public. Originally a fee of ten francs was the standard payment, but more recently a pool has been instituted, and the result divided quarterly among the doctors. This system has alienated the better class practitioners, and now the employment of the whole class has become endangered by the death of a patient treated by one of the members who lives on £15 ($75) per annum, with a stock of instruments as scanty as his income.

## Washington Notes.

Of the ninety-eight deaths in the District last week four were from diphtheria, three from scarlet fever and three from tyhpoid.

Dr. William Bosse of the Fitts-Hill Iama Company has been arrested upon a warrant sworn out by Dr. Walter Cannon, charging him with criminal libel.

Dr. Henry Alfred Robbins and Dr. James Tevis Arwine have opened offices at 529 Seventh street, near F, Washington. Their practice is limited to diseases of the skin and genito-urinary system.

At the District Society meeting of January 12, Dr. Henry A. Robbins read a paper entitled "Dangers of the Barber Shop." Dr. Snyder presented specimen of abscess of gall bladder, with typhoid ulcers. Dr. J. Taber Johnson presented two cases of hysterectomy, with specimens.

At the January meeting of the Washington Medical and Surgical Society the following officers were elected for the ensuing year: Dr. Noble P. Barnes, president; Dr. Francis H. Miner, vice-president; Dr. George C. Clark, secretary, and Dr. Jesse Shoup, treasurer. Dr. Shoup read a paper upon "Expert Anesthesia."

The United States Army Medical School occupies well-equipped rooms in the Army Medical Museum Building. The school, which was established in 1893 by Surgeon-General Stirnberg, takes up the newly-appointed medical officer and educates him in line of work he is to follow. The regular course consists of lectures upon the "Duties of Medical Officers," "Military Surgery, Medicine and Hygiene," and "Microscopy, Clinical and Sanitary." Weekly surgical clinics are held at the Barnes Hospital, Soldiers' Home.

---

An exchange says that it was formerly the practice among physicians to use a cane with a hollow head, the top of which was gold, pierced with holes like a pepper-box. The top contained a quantity of aromatic powder or of snuff, and on entering a house or room where infectious disease prevailed the doctor would strike his cane on the floor to agitate the powder and then apply it to his nose. Hence all the old prints of physicians represents them with canes to their noses.

## Book Reviews.

The Secret Cabinet of History Peeped Into by a Doctor. By Doctor Cabanès. Translated by W. C. Costello and Preceded by a Letter of M. Victorien Sardou, Member of the French Academy. First Series. Paris: Charles Carrington, 13 Faubourg Montmartre. 1897. Price 21 shillings. Pp. 239.

The inside history of great persons is always a matter of interest, and in these days when the history of medicine is attracting so much attention it is extremely instructive to note how the illness or indiscretion of crowned heads has affected so materially the history of the world. The therapeutics of the persons treated in this book are extremely crude, but the surgical procedures are in places very praiseworthy.

The gonorrhea of Louis XIV is well described by his physicians with great accuracy, but the treatment was not very effective. Hence during the course of the disease the physicians and courtiers took great pains to conceal the nature of his trouble from the nation. This same king's fistula caused great consternation among his attendants, and the operative procedures, after all other means had been exhausted, were indeed exceedingly creditable. The remuneration of the surgeons was rather startling.

The remaining chapters in this very interesting work are as follows: The Maladies of Louis XV; The Semi-Impotence of Louis XVI; The First Pregnancy of Marie-Antoinette; Louis XVI in Private Life; One of the Judges of Marie Antoinette, the Surgeon Souberbielle; What Was Marat's Disease; Talleyrand and the Doctors; The Accouchement of the Empress Marie-Louise; The Ancestors of Marshal Mac-Mahon, and Gambetta's Eye.

The phimosis and impotency of Louis XVI and the intrigues of Louis XVIII, Charles X and the Duke of Orleans undoubtedly had their effect on the French Revolution. In all these chapters it is shown that royalty may be honored and revered by the people, but few men are great in the eyes of their physician.

This work is well translated and clearly printed, and will be followed by others of similar character, the prospectus of which may be obtained from the publisher. While such works are, as a rule, for physicians only, this work is written in a very nice style, and could in no way affect the delicate sense of a sensible person.

The *Revue Médicale* is the name of a new medical weekly published in French at Quebec. The editorial staff is mainly from the faculty of Laval University.

Mr. W. B. Saunders, medical publisher of Philadelphia, makes the following announcements for 1898: An English edition of Lehmann's Hand Atlases in seven to ten volumes will shortly be published during the coming season, with a large number of colored plates and at an extremely low rate. The American Text-Book of Genito-Urinary and Skin Diseases will not appear before the end of February. It will contain many handsome plates especially made for this work. Van Valzah and Nisbet's Diseases of the Stomach, Keen's Surgical Complications and Sequels of Typhoid Fever and Chapin's Compendium of Insanity are also announced for next month. The Year-Book of Dr. George M. Gould for 1898 is one of the publisher's most successful productions, and will be out in a few days. Moore's Orthopedic Surgery and Macdonald's Surgical Diagnosis and Treatment have just been issued and will receive further notice in these columns.

The following works are in preparation for early publication: An American Text-Book of Diseases of the Eye, Ear, Nose and Throat, by Drs. de Schweinitz and Randall; An American Text-Book of Pathology, by Guitéras and Riesman; An American Text-Book of Legal Medicine and Toxicology, by Peterson and Haines; Stengel's Pathology; Church and Peterson's Nervous and Mental Diseases; Heisler's Embryology; Kyle's Nose and Throat; Hirst's Obstetrics, and West's Nursing.

## REPRINTS, ETC., RECEIVED.

Notes on Malaria in Connection with Meteorological Conditions at Sierra Leone. By Surgeon-Major E. M. Wilson, C. M. G. London: H. K. Lewis. Price one shilling.

The Treatment of Chronic Enteritis and the Utility of Eudoxine as an Intestinal Antiseptic. by N. S. Davis, Jr., M. D. Reprint from the *Medical Standard.*

Encysted Dropsy of the Peritoneum Secondary to Utero-Tubal Tuberculosis and Associated with Tubercular Pleurisy, Generalized Tuberculosis and Pyococcal Infection. By Claribel Cone, M. D. Reprint from the *Johns Hopkins Hospital Bulletin.*

# Current Editorial Comment.

## MEDICAL AMBITION.

*Medical and Surgical Reporter.*

Apparently most young medical men who are engaged in dispensary service, who are cultivating the favor of prominent medical men, who "do specialty acts" for the crumbs of practice which may be tossed to them, who are living in hopes of professorships and clinical advancement, are assured by something more than their own ambitious desires of a chance of promotion, and depend the less on the crumbs which they jump for, because they know of a substantial luncheon in preparation by wealthy relatives.

## TRAINED NURSES.

*Richmond Journal of Practice.*

Sister or wife sat up day and night for the first few days till they broke down; why should not the nurse, trained to the work, do the same? They forget that a nurse must not break down; if she does, she may have to starve. What they fail in doing for a day or two the nurse has to spend her life in doing, and if overtired or sleepy she is the less a valuable nurse. Too much sympathy, indulgence which is bad for the patient and impertinent in the nurse, is often expected, and if not found she is said to be so unsympathetic in her manner. Patients, too, expect that a nurse, like faith, can move mountains; that a little woman should be able to haul a 16-stone invalid up and down the bed.

## THE PROFESSOR.

*The Journal.*

Anyone can become a professor of any subject, providing he has the proper amount of influence. If no vacancy exists a new chair is created for his benefit. It does not matter whether he can teach or not; that is a minor consideration. All he needs to do is to compile a text-book, tell the students to buy it and require daily recitations from this book. A book is very easily compiled; buy a few German and French books, translate them, or ask others to run over two or three late English and American books, get plenty of illustrations, change a word here and there, and the book is complete. If the publisher owns a medical journal, favorable reviews and plenty of advertising finishes the job, and the title of professor helps to sell the compound.

# PROGRESS IN MEDICAL SCIENCE.

URIC DIATHESIS.—Gave to a man with frequency of micturition, pain in back and bloating of stomach and bowels; with rheumatic pains in limbs; sleepless and nervous; with full feeling and eructations after meals, Lithiated Hydrangea (Lambert's), in doses of two teaspoonfuls after meals, and the following:

℞ Potassii bromidi dr. iij
Extr. cas. sag. fl. fl. dr. iss
Vin. kola fl. oz. ij
Tinct. cinchon. co. q.s. ft. fl. dr. iv. Misce.

Signa. One teaspoonful, in water, before meals, and two teaspoonfuls before retiring.

He improved as if by magic: bloating, full feeling, eructations and all pain disappeared; sleeps, and there is no undue frequency of micturation. CHARLES H. SPRINGER, M. D.,
Cleveland, Ohio.

---

BLOOD TREATMENT IN ANEMIA.—In the Records of Medico-Surgical Practice at Sound View Hospital, Stamford, Conn., Dr. T. J. Biggs says: "It is doubtful, in my mind, whether the average doctor realizes the frequency of anemia. I am sure that if the general practitioner gave due attention to the factor anemia we should have comparatively few cases of disease extending into the chronic stage. Too few physicians are accustomed to take into account all the elements of every case, including this, the most prevalent and essential of all. The best means of diagnosis is microscopic examination of the blood to determine its quality from the number of red corpuscles and the proportion of hemaglobin, and also as to its freedom from bacteria.

"As to the treatment of anemia, blood, in my opinion, is undoubtedly the only agent that can absolutely restore the normal condition of blood."

---

STRONTIUM AND ITS SALTS.—At the Washington County (R. I.) Medical Society recently Dr. Alexander B. Briggs read an instructive paper on Strontium and its Salts. Among other points stated, Dr. Briggs said:

"That the profession have in strontium salts remedies of great therapeutic value is my firm belief, and my experience with them in practice during the past two years has very materially strengthened my faith in them. It has been a surprise to me in conversation with quite a number of my colleagues to find that they are so seldom prescribed.

"There seems to be an impression that there is more or less danger in the use of strontium salts from their toxic effects; this is wholly an error, as has been proved by the researches of such men as Professor Germain See, Dr. Constantin Paul and Dujardin-Beaumetz, who found that, in every instance where conflicting reports and toxic effects have been reported from their use, they were due to the presence of barium, which is found in the commercial product. When I have prescribed these remedies I have always used the pure salts (Paraf-Javal) or their solutions prepared by P. Chapoteaut of Paris.

---

BICYCLING.—Costly experimentation has been done by manufacturers in their efforts to perfect a bicycle saddle which would really meet the hygienic requirements of the rider, but in most instances these attempts have been without success. This is probably due to the fact that efforts have not been made along scientific lines. Those who endeavor to meet the anatomical necessities of a bicycle saddle must bring to bear not only genius and mechanical skill, but a rational knowledge of the human organism. One of the very few satisfactory saddles now in growing demand is the Lerch Bicycle Saddle, patented September 7, 1897, and manufactured by Lerch Brothers of Baltimore. Some very large orders have been given by bicycle manufacturers for the coming season, and there has been a demand for this saddle in foreign countries, as orders are being received from these parts. The medical profession is ready at all times to encourage enterprise in this direction, since the pleasure of bicycling bears so important a relation to professional interests.


## *A RARE OPPORTUNITY.*

PRACTICE AND RESIDENCE FOR SALE.

*A country physician of 23 years' standing offers his practice, stock of medicines, residence and equipment for sale low on easy terms, separately or together. Address* D. STERETT GITTINGS, *Real Estate and Insurance, 1 W. Saratoga St., Baltimore.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 16. BALTIMORE, JANUARY 29, 1898. Whole No. 879

## Original Articles.

# DANGERS OF THE BARBER SHOP.

*By Henry Alfred Robbins, M.D.,*
Washington, D. C.

President of the South Washington Free Dispensary. President of the Medical Journal Club of Washington, D. C.

[READ BEFORE THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, JANUARY 12, 1898.

On July 25, 1897, I was consulted by a young married man, who had been referred to me by one of our best physicians. On the upper part of the patient's chin, just below the mucous membrane of the lip, there was as perfect an example of the chancre known as Hunterian as I have ever seen. It was about the size of a ten-cent piece, oval in shape, of a bright red color, and was surrounded by well-marked induration. Oozing from it was an ichorous semi-fluid substance, which had a tendency to scab over at night.

Situated on the mucous lining of the left nostril, over the lower lateral cartilage, there was another indurated sore, in fact another initial lesion of syphilis; upon opening the patient's mouth two opaline mucous patches, one on either side of the pillars of the fauces, were brought into view. There was also another mucous patch on the inner surface of the lower lip, over the frenum. The submaxillary glands were indurated, and so were the epitrochlear. Upon disrobing him, I beheld extending all over his body the erythematous blush, which is the first manifestation of constitutional syphilis. There was no lesion on the organs of generation or adenitis in the inguinal regions.

He first noticed the pimple-like sores about six weeks before consulting me. He had seen a most prominent Philadelphia physician, who emphatically stated that he would risk his professional reputation on the lesions being simply ringworms. The patient was in the habit of being shaved in what are supposed to be first-class barber establishments. I have no doubt at all but that he acquired syphilis in one of them, either from the razor or more probably from the fingers of the barber.

Treatment was commenced by the inunction method. One drachm of mercurial ointment was rubbed daily for half an hour over the patient's back, either by myself or my associate, Dr. James T. Arwine. On the 10th of August I left the city for my summer vacation of six weeks' duration. Before my departure I taught the wife of the patient how to apply the inunction. I did not hear anything of him until the 10th day of November. He told me that with the exception of two or three nights when he was away from home traveling his wife had carried out the treatment. I found no trace of the initial lesion in the nostril. On the site of the location of the chancre of the chin there was simply a pin-point hyperemic spot. It is hardly necessary

to state that the inunctions were applied by hands that were protected with rubber gloves.

The accompanying photograph was kindly taken for us by a young medical student, son of Dr. Francis B. Bishop.

In acknowledgment of an article which I wrote for the *Journal of Cutaneous and Genito-Urinary Diseases*, May, 1897 ("Non-Venereal Chancre of the Upper Lip"), my friend, Dr. William Judkins of Cincinnati, sent me a reprint of an article written by himself for the same journal December, 1893, entitled "Odd Methods of Syphilitic Inoculation." He reported the case of a patient who had a suspicious sore on his scalp. I take the liberty of quoting the following from Dr. Judkins's paper: "Inquiry brought out the fact that the patient the day after the November election (he having celebrated that event quite extensively) spent the major part of the time in a Turkish bath. Later in the day he visited, as he supposed, a first-class barber, where he had his hair cut with what is known as 'clippers.' He stated that he remembered the barber 'jabbing him at about the point of soreness, but, from his condition, gave it no special attention.

"From the general appearance of the sore at this visit, and as I was loathe to believe it was syphilitic, but subsequent events have proven such to be the case, a guarded prognosis was given. At this point mention might be made of another case that came under my care, late in the attack, some nine years ago, which was inoculated through the hands of a barber with papular eruption of the palms. The lesion in this case was located on the eyebrow. The case was under treatment some three years, and as twice that length of time has elapsed since his discharge, and no symptoms calling for treatment have been seen, or any indication of constitutional trouble in two children born in the last five years, I feel safe in pronouncing him cured.

"The first case, that of the scalp, is progressing as well as this class of cases could be expected. For a week or two he is quite regular in the attention he gives himself, until he feels better, when, becoming negligent regarding his welfare, he indulges his appetite, and consequently relapses. I report this case not so much from its novelty as to the mode of the introduction of the poison, but to add another case to the few on record going to prove the scalp is not proof against infection, as Ricord at one time held, but who acknowledged his error before his death. We, as sanitarians, should warn our patients against the use of this villainous instrument that is daily in the hands of the barber."

In this connection it is interesting to note "that the government of the Republic of Colombia has, in view of the possibility of contagious diseases, such as ringworm, favus and syphilis, being transmitted by combs, brushes, etc., passed an enactment making it compulsory for all barbers and hairdressers to keep the instruments of their art clean, and to disinfect them every time they have been used. A notice to this effect is to be posted up in all tonsorial establishments."

Professor Fleischer, in the *Lancet*, reported a case occurring in his practice of a man who contracted syphilis from an infected razor in one of the best hairdressing establishments in Kief. The local medical society thereupon decided to call the attention of the sanitary authority to the subject in the hope that it would make regulations to obviate a repetition of such an occurrence. Another case of the same kind has also been published lately. It was of a soldier who had been infected with a primary sore of the chin from being shaved in a public shaving establishment in Tiflis. This case was shown to the Caucassian Society by Dr. Chudnooski.

Catrin, in *La Presse Médicale*, June 20, 1896, reports the case of a young man aged twenty-seven who contracted syphilis in September, 1894. The initial lesion was followed by roseola and mucous patches. Despite treatment the improvement was slow. In July, 1895, the father of this young man, while using his son's razor, cut himself on the chin. This slight wound became an ulcer, with indurated border, accompanied by a painful submaxillary adenitis. Well-marked secondary symptoms developed. He was given large doses of the protoiodide,

which developed obstinate stomatitis. In March, 1896, there was a double iritis, which yielded to mixed treatment. The author insists that this case teaches physicians not to regard too lightly the possibility of contagion in the second stage of syphilis.

Dr. Douglas W. Montgomery of San Francisco reported to the California Academy of Medicine, September 18, 1897, the case of a young lady who had consulted him about a "cold sore" on the lower lip, which turned out to be an initial lesion of syphilis. I quote his remarks showing how his patient was inoculated:

"She said that in some of the hairdressing establishments the hairdresser, as a final touch, drew a moistened 'rouge stick' across the lips of her customers. This 'rouge stick' is a cylinder composed of a firm, red ointment. The firmness necessitates a slight moistening before being applied, and, disgusting to relate, this is frequently accomplished by the hairdresser, who first puts it into her own mouth and then deftly drawing it across the lips of her customers. Then, again, all customers are treated with the same 'stick,' and my patient told me that in the shop where she usually went to have her hair dressed she has noticed many 'chemical blondes and otherwise strikingly dressed women.'"

Dr. E. Harrison Griffin of New York reports the case of an actress who acquired syphilis by applying the same rouge to the lips that was used by another actress who was a victim of the disease. "They both used the same rouge and applied it by the finger."

Syphilis is not the only disease to be dreaded from the dirty instruments and hands of the average barber. Has anyone ever seen a bald Indian? Certainly no one has ever seen the untutored red-

A CASE OF BARBER SHOP INFECTION.

man in a barber shop. Who ever saw a negro, unless he was a barber, that was bald? Who ever saw a farm hand, or a cowboy, or a nihilist who was bald? Perhaps they owe their flowing locks to the aversion they have to tonsorial artists.

It is the exquisitely clean man who has premature baldness and who visits the barber daily, and has his own cup and razor and brush, and who parts his hair in the middle, until the time soon comes when there is no more dyeing or parting there. One of this class told me the other day that he visited his barber at an unexpected hour, and found the artist using his shaving instruments on another customer.

The micrococci of alopecia form the latest addition to the pathogenetic bacteria. Malassez in 1874 was the pioneer investigator in searching after the causative germ of seborrheic eczema. In 1884 Bizzozero isolated three varieties of bacteria taken from seborrhea scales. These investigations were corroborated by Boeck and Pekelharine.

During the same year Dr. Schlen reported the following in the *Centralblatt für die Medicinischen Wissenschaften:* Without any detectable cause, and without the accompaniment of any other symptom, a male individual was attacked by alopecia, which the patient himself attributed to infection contracted in a hairdressing saloon. In the region of the right temporal bone was observed a circular place five to six centimeters in diameter, perfectly bald. In its center were noticed a few white hairs on the shiny skin, while the margin contained a zone covered by epidermis scales. In this zone the hairs appeared broken and stunted in their growth. The least pull on a hair caused its falling out, the bulb always coming with it. On coloring, Dr. Schlen was enabled to prove the presence of small, round cocci, which were less than a millimeter in size and found in large quantities surrounding the hair-cells of the epidermis and sprinkled between the sheaths of the roots of the hair. A mild solution of corrosive sublimate (1 to 3000) destroyed the cocci and established the regrowth of the hair.

Dr. Lassar of Berlin visited a barber shop and swept the floor, and gathered hair which fell from heads in which dandruff occurred plentifully, and rubbed up the sweepings with vaseline. The composition thus made was applied to the fur of rabbits and white mice. Soon baldness made rapid progress on the parts so treated. Vaseline alone produced no effect.

In 1891 Unna found the spores of Malassez in swarms in pityriasis.

In the *Annales de Dermatologie et de Syphilologie,* March, 1897, M. Sabouraud published the results of his bacteriological researches as to the cause of baldness. I will quote his conclusions:

"1. The specific microbacillus of seborrhea oleosa, when it gains access to one of the pilo-sebaceous follicles, produces within it four constant results: *a*, Hypersecretion of sebum; *b*, hypertrophy of the sebaceous gland; *c*, progressive atrophy of the papilla; *d*, death of the hair. These phenomena result from seborrheic infection either of the so-called smooth parts of the skin or of the hairy areas.

"2. In the hairy scalp this infection chooses as its favorite site the vertex, and the depilatory effect of the seborrhea produces the baldness. Ordinary baldness is, therefore, nothing else than seborrhea oleosa of the vertex, which has assumed a chronic form.

"Seborrheic infection is not only indispensable to the production of baldness, but this infection continues as an intense, pure and permanent condition even when baldness exists; therefore it is a perfectly well characterized disease due to a specific micro-organism." The microbacillus is the constant microbian expression of the affection.

Tinea sycosis is generally known as the barber's itch, for the reason that it is so often a token of remembrance from the hands of a barber. It is a ringworm of the beard. The fungus is the same as that occurring in tinea tonsurans and tinea circinata; the tricophytosis barbae.

"Ill blows the wind that profits nobody" said Shakespeare in "King Henry VI" (Part III, Act 2, Scene 5). Baldness creates a demand for false hair, and the peruke and wigmaker and esthetic hairdressers flourish in the land. Their pa-

trons would not feel so self-satisfied if they only knew where their hirsute adornments sometimes come from. The English consul at Canton says that 80,000 pounds of human hair were exported from that city in 1891, and that it came mainly from those who died of contagious diseases, mendicants and criminals.

It has been reported that a disease called plica polonica has made its appearance in London, brought over by the traders in false hair from Poland. The hair conglomerates into thick masses. The odor from these matted plicas is extremely disgusting and the itching terrific. The fungus is the same as that found in ringworm.

---

# A CASE OF MANIA IN CONVALESCENCE FROM MEASLES.

*By A. K. Bond, M.D.,*
Clinical Professor of Diseases of Children, Baltimore Medical College.

READ BEFORE THE BALTIMORE MEDICAL ASSOCIATION, NOVEMBER 22, 1897.

The patient, P. H., was a robust blacksmith about twenty-five years old. I first attended him on June 4, and found him with a slight measles rash, which had appeared only a few hours before—a few dots and crescents on the face and shoulders. About nine days before he had visited a child with measles. My patient had slight fever, which had been present for about two days. I confined him to bed, and for cough and soreness of the chest I gave carbonate of ammonia, three grains, with codeia sulphate, one-fifth grain, in syrup.

Two days later he became chilly and nauseated, with constipation, temperature going to 105° and rash being ill-developed. Doses of calomel, one-fifth grain, hot bottles and poultice to the stomach lowered the temperature to 102° and brought out an abundant measles rash of normal deep red over the body and limbs and face. In order to prevent further disturbance of the skin-processes the ammonium carbonate, three grains, was now given in liquor ammon. acetatis, two drachms, without codeia, several times daily, alternating with spiritus ether nitrosi, half-drachm. This was continued with benefit for about a week, the patient doing well.

On the eighth day of eruption it was much faded, and peeling was present on the face. At my afternoon visit the temperature in the mouth was 100° and his general condition was good. He had not had a passage for two days, and had been for several nights somewhat restless in sleep. The cough being again attended with slight soreness in the chest, I stopped the acetate mixture and went back to the codeia mixture given at my first visit.

About an hour later, about 4 P. M. on this eighth day of the eruption, he waked from sleep suddenly, sprang out of bed, rushed to the open window and began to shout. All the rest of the afternoon and through the night he was restless, and all the next day he was in violent delirium, with delusions of persecution, mistaking attendants' identity and requiring three strong men to keep him in bed. Ice to the head, an ounce of brandy, and later three or four 60-grain doses of potassium bromide did no good, suggesting that neither general debility nor simple cerebral congestion was the cause of the delirium. He received the rites of his church, and, after a rambling effort to repeat the rosary prayers with his attendant friends, became a little quieter. An hour or two later, however, he broke the rosary, which had been left with him, and was as wild as ever.

During the afternoon of this tenth day, his mouth temperature being 100°, his pulse good and steady, although 120 to the minute, and no signs of pneumonia or kidney disease being discernible, I suspected that the delirium came from intestinal septic absorption, and gave him

several grains of calomel and half an ounce of magnesium sulphate.

The delirium continuing, and the case looking serious, I saw in consultation at 9 P. M. a physician of mature experience, who suggested the hypodermic use of morphia. I gave one-eighth grain thus and left one-quarter grain to be taken by the mouth if necessary during the night. If this failed, chloral hydrate, ten grains, with potassium bromide, twenty grains, was to be taken every two hours till quiet ensued, a glass of milk, with two drachms of whiskey, being given regularly at the intervening hour.

Notwithstanding this treatment the delirium continued as before until the forenoon of the next day, when he had a free bowel passage and fell asleep. He slept on nearly all day until evening of this eleventh day of eruption, when he had another, and this a very ill-smelling, stool.

After this there was no further delirium, but he went on to normal and rapid convalescence. On the thirteenth day of eruption his appetite was good and he was able to sit up to his meals. At that date the rash was practically gone, the face being still red from it. Not until this day was itching severe.

The patient had often in former years had attacks of severe indigestion. Moreover, whenever attacked by fever of any sort he has always been slightly delirious.

The above recorded attack must be classified under "acute mania during convalescence from fever." American textbook writers say little or nothing about it. It seems to affect only adults. The American System of Practical Medicine says, "Maniacal seizures have been reported in rare instances." Its onset is apt to surprise and puzzle the practitioner. Simple bedside diagnosis, by exclusion, led me to the probable diagnosis of intestinal sepsis, and this was strengthened by the foulness of the second of the passages secured and the immediate relief, upon purgation, of the hitherto uncontrollable mania. Further reading confirms this diagnosis.

As it was, the first bowel movement probably brought the decomposing fecal mass into a lower portion of the large intestine, where it gave no further poisoning, and with the second movement it was evacuated, leaving only wholesome feces behind.

Post-febrile mania occurs at times after many of the debilitating fevers. Its predisposing causes seem to be either a constitutional weakness of the nervous system toward delirium, as in my case, or an acquired weakness of the same sort from high fever or great physical exhaustion in the course of a disease. I hardly think there was enough high fever or exhaustion to strongly incline my patient toward delirium, as the measles had not been excessively severe and as he was a powerful man. The precipitating cause of the delirium in these post-febrile cases is blood sepsis, usually through fecal putrefaction. In my case the ill-development of the rash in the early stages of the disease pointed to intestinal disorder. Exactly what caused the acute development of putrefaction and sepsis on the eighth day I cannot determine. Morphia will sometimes favor it, but I do not think codeia will.

During the last few years, especially in association with influenza, I have made note of numerous grave nervous disorders evidently precipitated by acute bowel sepsis. Among these have been (*Virginia Medical Monthly*, March, 1894; MARYLAND MEDICAL JOURNAL, January 16, 1892) epileptiform convulsions, "uremic" convulsions, severe headaches, violent neuralgia of the nerves of hip, intercostal neuralgia complicating pneumonia, nervous disorder of heart, etc. In some of these cases there were present none of the ordinary signs of digestive disturbance, but intensely offensive stools and immediate benefit from careful use of powerful aperients confirmed the diagnosis. Doubtless indican, the fellow-product of the less absorbable decomposition substances which fouled the feces, would have been excessive in all these cases in the urine, and if opportunity permits this diagnostic aid, by urinary analysis, it should always be utilized.

The mania with which this article deals must not be confounded with the delirium which so often occurs at the height of fever, especially at night, during various

well-known diseases, nor with the delirium of weakness so often seen in them. My patient was hardly ill at all during the days preceding the septic maniacal complication, and immediately upon its removal he was as well or even better than before it occurred. In fact, one of the most prominent peculiarities of such acute bowel sepses is the very slight impression upon the general health which their alarming nervous symptoms leave behind them, if they last but a day or two. This seems to point to the very rapid destruction or elimination of the septic matter which has entered the blood from the bowel.

Recent laboratory work has shown the exact nature of these poisons which are taken up from the large bowel (and their distinction from those formed in the small bowel); has demonstrated the processes by which they are produced and the irritative kidney catarrhs which they excite in their extrusion through those organs, leading after years to chronic nephritis. Whether the intense disturbances of the nervous system seen in such cases as that which I have described are due to the presence of putrefactive decomposition products from the large bowel in the blood which bathes these centers, or to urinemic substances in the blood in consequence of the nephritic irritation above mentioned, I cannot say. Perhaps both forms of pollution occur at once. Since it has been proven that the kidney recovers in a very short time from such irritative disorders of its excretory surfaces if the poison is withdrawn, it is evident that in all such cases the cleansing away of the decomposing substances is the essential element in the relief of the patient.

The treatment is rather simple even in the most alarming cases if once the cause and location of the underlying sepsis is determined. Its location need not always be in the bowel. A professional friend suggests that in the mania of the puerperal state it is in the genital tract or the parts adjacent, yet even the puerperal woman may suffer grave nervous excitement from acute bowel sepsis.

The fact that ordinary hypnotics, alcoholic preparations and opiates in full doses lead to no evident results whatever, or to but temporary improvement, with quick relapse to original severity, or even make the patient worse, and that local applications fare no better, should in any such case lead the physician not to increase the doses of his quieting drugs without considering whether purgation is not really the remedy needed; and if he so decides, he should not cease his efforts to remove the supposed septic feces until repeated soft and abundant stools, free from decomposition-odor, show that the large intestine has thus been cleared and the contents of the small intestine reached. With care the familiar drugs will safely secure this object, and often improvement in the patient will be seen as soon as effective peristalsis has been evoked, and even before a passage has occurred. The keeping up of a gentle evacuation, as of one or two stools daily, will probably render all other remedies, except good food, unnecessary. I am informed that delirious outbreaks in an ambulatory patient in the Maryland General Hospital recently were controlled each time by thorough purgation. Also that in one of the hospitals for the insane of this State a much larger percentage of discharges as convalescent have been secured since more minute attention and study has been bestowed on the conditions of the digestive tract.

In conclusion I may state:

First—That in acute storms of the nervous system, whether neuralgic or mental, the condition of the large bowel is worthy of careful study, whether other organs, as kidneys and brain, be at fault or not, whether the storms arise in a previously healthy or previously ill patient.

Second—That (aside from urine tests for the indican group of putrefaction products passing from the bowel into the blood and out through the kidneys) large-bowel sepsis, such as now described, is suggested by many clinical indications.

Third—That special purgative processes are necessary for the cleansing away of such poisonous substances accumulated in the large bowel. The patient thus suffering may not feel sick in his digestive tract; he may have clean and moist or foul and discolored tongue. He

often has bitter fluid (bile) rising in the throat or a bitter taste. He does not think he is constipated, but often has a heavy, dull feeling, with lassitude and "stuffiness." He may have neuralgias over large or small areas, fixed or somewhat shifting. These neuralgias often resist pain remedies, but usually yield somewhat to phenacetine and like drugs. Opium eases them temporarily or fails wholly and makes the patient worse. Whiskey and brandy usually disagree; the weakness felt is not relieved by them, but rather by purgation. There may be dullness over the whole or part of the large bowel on percussion, which gives place to resonance after purgation. The appetite is considerable or wanting, but purgation makes it more closely normal in either case. There are sensations of chilliness and heat coming and going irregularly, and regardless of blood temperature, over areas of the body or over the whole body. As purgation is accomplished the body assumes a normal warmth all over. The mental state of the patient is usually one of despondency—very remarkable in view of the slightness of the apparent illness, rarely of excitement, both yielding to purgation, the melancholy more slowly.

I am convinced that many physicians misinterpret the meaning of these symptoms and so allow their patients to run into feeble states or grave illnesses. Pain-relieving agents should be used only for temporary relief, and opium should be avoided as long as possible, not being needed here where there is no deep-seated physical lesion.

The processes of purgation which I have found most useful are the employment of agents which will give two or three soft passages daily without unduly weakening the patient, and the continuance of such agents until the absence of lumps or solid materials from the stools, the absence of decomposition-odor, the resonance of the colon region on percussion, the relief of all neuralgias, the return of appetite, with a sense of emptiness, the universal warmth to touch of the whole body and the fall of fever to normal throughout the whole day indicate that septic matter is no longer entering the blood from the bowel. For these purposes I find that a vegetable cathartic pill of the following formula:

Res. podophyll. gr. ¼ ; res. scammon. gr. ⅓ ; ext. colocynth. gr. ⅓ ; pulv aloes. soc. gr. 1¼ ; pulv. saponis gr. ⅓ ; pulv. cardam. gr. 1-9 ; in whole or half-pill, or pills containing from one-twelfth to one-sixth of a drop of croton oil, used carefully, are very certain purges. Some patients answer best to and prefer epsom salts, some to castor oil, some to senna. After convalescence is begun milder pills of aloes, cascara, podophyllum, etc., are useful. Injections into the bowel as given domestically are but feeble adjuvants. In one patient recently two wet cups over the cecum seemed to greatly aid clearance of the bowel. As a tonic in these cases I think strychnia sulphate in one-fortieth or one-fiftieth grain gelatin-coated pills is the best. I keep my patients in bed and feed them carefully on soft foods till the temperature is within a degree of normal. Sometimes a diuretic, perhaps by soothing the kidneys, helps to bring convalescence.

---

The Effect of the Menopause on the Kidneys.—While the menopause ordinarily is a normal, physiological condition comparable to the advent of puberty, it does have its effects on the circulation and on the nervous system, and more recently it has been pointed out that at this time the secretion of urine is somewhat disordered, the kidneys being congested and the amount of urine decreased. This may lead to autointoxication, which could be obviated by cupping, leeching, bloodletting or by the use of powerful diuretics.

---

Biliousness.—"Periodical attacks of 'biliousness,'" says Modern Medicine, "may be avoided by adopting a fruit diet for a day or two prior to the time of the expected attack. A fruit diet for one day out of each week, or for an occasional meal, will also prove helpful. In this country we suffer much more from overfeeding than from deficiency of food."

## Society Reports.

### BALTIMORE NEUROLOGICAL SOCIETY.

MEETING HELD JANUARY 19, 1898.

At the meeting of the Baltimore Neurological Society, Wednesday evening, January 19, 1898, the president, Dr. George J. Preston, in the chair, the following resolutions were adopted:

"Whereas, the State of Maryland has never had adequate provision for the prompt treatment of acute and curable cases of insanity; and,

"Whereas, the excellent facilities for treatment which exist in connection with the admirable plant of the Sheppard Asylum, founded and erected especially for the treatment of acute cases, have never been utilized to their fullest extent for the benefit of persons of small means in consequence of the limited endowment of the Sheppard Asylum, though the trustees have already accomplished much good in providing for a large number of patients of limited means; and,

"Whereas, by the bequest of the late Enoch Pratt an opportunity is now afforded to more than double the capacity of the Sheppard Asylum, and especially to increase its facilities for the care of recent cases of insanity among persons in indigent circumstances; therefore, be it

"*Resolved*, That the Baltimore Neurological Society, representing physicians of Baltimore and vicinity interested in the treatment of mental and nervous diseases, unanimously requests that the Legislature of Maryland grant the petition of the trustees of the Sheppard Asylum for authority to change the corporate name of the Sheppard Asylum to the Sheppard and Enoch Pratt Hospital, to the end that it may avail itself of the bequest of the late Enoch Pratt; and,

"Further, that the secretary be requested to send a copy of this resolution to the Speaker of the House of Delegates, the President of the Senate and the members of the Legislature from the city of Baltimore."

Samuel J. Fort, M. D.,
Secretary.

### BALTIMORE COUNTY MEDICAL ASSOCIATION.

MEETING HELD JANUARY 20, 1898.

At the regular monthly meeting of the Baltimore County Medical Association, held in Towson, Thursday, January 20, 1898, the following in reference to the Sheppard Asylum was introduced by Dr. James F. H. Gorsuch. After brief speeches advocating action on the part of the General Assembly by Drs. Gorsuch, Massenberg and Bosley, the resolutions were unanimously adopted, as follows:

"Whereas, the late Moses Sheppard, in procuring the incorporation of the trustees of the Sheppard Asylum and in endowing the said institution with his estate, left by will to the said trustees, showed most conclusively a desire to benefit humanity and to improve and advance the treatment of the insane, by establishing an institution where the most liberal treatment upon what he termed an "expensive plan" might be employed; and,

"Whereas, the intent of the founder, as shown by his previous life, by his many and liberal charitable gifts, made with the direct injunction that the donor remain unknown, by his regret at the publicity given his contemplated endowment of the trustees of the Sheppard Asylum by the public press during his lifetime, demonstrated that he did not wish to erect a monument to his memory, but the rather to relieve and benefit his fellow-men; and,

"Whereas, the work already accomplished by the Sheppard Asylum has demonstrated its great usefulness to the State and its citizens in offering them a standard of care which the State would not be justified in establishing and private institutions cannot afford, except for liberal compensation; and,

"Whereas, the opportunities for care and treatment of the recoverable insane of the State at the Sheppard Asylum are only limited by the means at the disposal of its trustees, who, serving without pay or reward, except that which follows upon the consciousness of duty well performed, are anxious to extend such treatment to a larger number; and,

"Whereas, the public provision for the

care of the insane in the State is sadly deficient, and cannot for some years to come be expected to sufficiently provide for those who are properly subjects for public care;

"*Resolved*, That this association commend the action of the trustees of the Sheppard Asylum in agreeing to accept the bequest of the late Enoch Pratt, subject to the conditions imposed, and urge upon the General Assembly of the State now in session to promptly amend the charter of the trustees of the Sheppard Asylum as required in the will of Enoch Pratt, to the end that the benefits of treatment in the enlarged Sheppard and Enoch Pratt Hospital may extend to a large number of the indigent insane of the State, as provided in the will of Mr. Pratt.

"*Resolved*, That the Senator and members of the House of Delegates from this county be urged to use every honorable means and ensure the passage of the amendment to the charter asked for by the trustees of the Sheppard Asylum, and that the secretary of this association be instructed to forward a copy of these resolutions to the Senator and members of the House of Delegates from Baltimore county, to the President of the Senate and the Speaker of the House of Delegates."

JACKSON PIPER, M. D., President.
L. G. SMART, M. D., Secretary.

## BALTIMORE MEDICAL ASSOCIATION.

At a special meeting of the Baltimore Medical Association, held December 23, 1897, a committee was appointed to draft resolutions expressive of the sense of the society of its loss in the death of the late Dr. Charles H. Jones.

The committee submitted the following report:

"WHEREAS it has pleased Almighty God to take from this world the soul of our departed brother, the late Dr. Charles H. Jones, it becomes us to bow with reverent submission to the Divine will.

"*Resolved*, That we deplore his death as a loss to the Association of which he was a founder, where his presence always inspired pleasure, his opinions were heard with instruction and respect, and his wise counsels promoted efficiency and usefulness.

"*Resolved*, That the profession of which he was a diligent and laborious member has lost one of its number, whose life was devoted to its loftiest ideals, who illustrated constantly and consistently in his conduct its purest principles of honor, integrity and courtesy.

"*Resolved*, That we have lost a friend to whom we were attached by a sentiment approaching more closely affection than friendship, whose generous nature and cordial benevolence always invited confidence, a trust that was never disappointed.

"*Resolved*, That we sympathize deeply with the surviving members of his family in their sudden and unexpected affliction, and assure them that we feel a common interest in their great bereavement.

"*Resolved*, That a copy of these resolutions be sent to the family of the deceased and be also published in THE MARYLAND MEDICAL JOURNAL."

JOHN NEFF, M. D.
JAS. E. GIBBONS, M. D.
E. G. WATERS, M. D.
Committee.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

## BALTIMORE MEDICAL AND SURGICAL ASSOCIATION.

MEETING HELD JANUARY 14, 1898.

AT the first regular meeting of the Baltimore Medical and Surgical Association, held January 14, 1898, the following officers were elected: President, Dr. John I. Pennington; first vice-president, Dr. J. W. Chambers; second vice-president, Dr. T. Chew Worthington; secretary, Dr. Eugene Lee Crutchfield; treasurer, Dr. E. G. Waters; executive committee—Drs. J. B. Schwatka, J. E. Gibbons, J. Wm. Funck; committee of honor—Drs. C. Urban Smith, Randolph Winslow, W. A. B. Sellman. After the transaction of this and other business the association adjourned to partake of the annual banquet.

EUGENE LEE CRUTCHFIELD, M. D.,
Secretary.

## Medical Progress.

# RECENT PROGRESS IN DERMATOLOGY.

*By T. C. Gilchrist, M.R.C.S., L.S.A.,*

Associate in Dermatology, Johns Hopkins University, and Dermatologist to the Johns Hopkins Hospital, Clinical Professor of Dermatology, University of Maryland.

### BIOLOGY OF RINGWORM.

In a paper by Dr. C. Fox of London, which was read at the meeting of the British Medical Association, this author gave the results of an examination, microscopical and cultural, of 400 cases of ringworm as met with in London. He found that nearly all the scalp ringworms were due to the microsporon (distinguished by small spores) and that the other varieties, endothrix and ectothrix (both of which are distinguished by large spores), were but rarely the cause of this affection. The scalp ringworm is practically limited to children and is almost exclusively limited to human beings. Besides the lesions on the scalp there are usually small red macules about the face, neck and shoulders, and ringed lesions are not infrequent. The patches on the scalp show gray, desquamating, circumscribed areas, joining together, over which almost every hair is diseased, fragile and broken off to form comparatively long stumps, which possess a white parasitic sheath.

In the endothrix variety the spores are larger, grow in chain formations and are seated for the greater part within the hairs; hence the term endothrix. Clinically the stumpy hairs do not possess any white parasitic sheath, the stumps break off short and they become dark colored and swollen. It is very suggestive if single stumps and groups of twos and threes are found about the head. These cases are often associated with ringworm of the body, and it is certain that a large proportion of the ringworms of the body are due to this variety of the parasite. Tinea circinata can also be produced by the ectothrix (i. e., the parasite principally attacking the external portion of the hair). All the beard (barber's itch) and nail cases of ringworm are said to be due to this variety of the fungus. It is also believed that this form is exclusively of animal origin. The clinical picture is characterized by the frequency with which the lesions are inflammatory and pustular, thus producing kerion, parasitic sycosis of the beard, etc. The size of the spores vary very much; they may be large or quite small, with different sizes intervening.

### TREATMENT OF PSORIASIS.

In an article by C. Herxheimer (Berliner Klinische Wochenschrift, 1897, No. 35) he says that the reason so few cases of psoriasis yield successfully to arsenic treatment is because this drug is used in too small doses and is not kept up long enough. The author therefore made use of the method introduced by Baccelli, and injected large doses of arsenic directly into the veins. The bend of the elbow or knee was the seat usually chosen, and after disinfection an Esmarch's band was used above the location. A one-centimeter "pravatspritze" was used, and the needle was directed into the vein which lay near the surface. The dose at first was 0.001 acid arsenic, and every day the dose was increased about 0.001, until a dose of fifteen milligrammes was reached, which was the highest given.

In twenty-five cases treated in this way ten were cured, six did not wait for the completion of the treatment, but were better, and nine were still under treatment and showed improvement. The healing commenced at the beginning of the second week. The duration of the cure averaged about forty-eight days, whereas in the usual treatment by the mouth improvement did not take place until eight weeks had elapsed. On two occasions thrombosis had occurred, which was due to faulty technique. Pain was insignicant. In one patient a furuncle appeared, but this soon disappeared. In another case arsenic-zoster and diarrhea occurred. Whether the cases remained free from relapses could not yet be determined. The author pleads for an intermittent treatment for psoriasis with arsenic as is given in syphilis.

### PRELIMINARY RESULTS WITH KOCH'S NEW TUBERCULIN.

Prof. D. O. Lassar, in the Dermatologische Zeitschrift, July, 1897, gives the

results of the treatment of five cases of lupus vulgaris with Koch's new tuberculin. He concludes that the trial is not yet a sufficient one to prove that this treatment will succeed, but some benefit had resulted in these cases.

In connection with this same subject, Drs. Crocker and Pernet (British Journal of Dermatology, December, 1897) exhibited two cases of lupus vulgaris which had been treated with the new tuberculin. One case was a child ten years old, who had the freely ulcerating form of lupus such as is common in scrofulous children, and she was "immensely improved" by the treatment. The maximum dose was five milligrammes. The second patient was a young woman who had been treated as an out-patient, and the improvement had only been very moderate. The poor results were perhaps due to the tissue being very resistant, as shown by the curette.

Drs. Malcolm Morris and Whitfield (British Medical Journal, July 24, 1897) also give their results with this mode of treatment in six cases of lupus vulgaris. The local effect was in all cases "moderately good, in some cases even brilliant." In spite of this the treatment could not be said to be curative.

### ICHTHYOL AND THIOL.

In the October number of the Journal of Cutaneous and Genito-Urinary Diseases, Dr. H. G. Klotz of New York gives a valuable article on the use of strong solutions of the ichthyol group in acute and chronic inflammatory conditions of the skin. He has employed these substances, ichthyol and thiol, for the last three or four years. He says Unna ascribes the influence of the former drug to its reducing powers, i. e., the power of withdrawing oxygen from the tissues. A property which ichthyol and thiol (a synthetic product chemically identical with ichthyol) both possess is the power of drying and leaving a fine, non-contracting film when applied either pure or mixed with an equal amount of water to the skin. The advantage of this was shown in the cooling effect produced by the rapid evaporation and the exclusion of the air in other irritants from the affected portion of the skin without the need of further dressing. This film can be easily removed with water. If the surface is moist or oozing, then after using the drug a thin layer of cotton can be applied. He does not advise the general and indiscriminate use of the stronger solutions, but only those should try them who are well acquainted already with the treatment of skin diseases. The application should never be left to the patient.

The method of application should be as follows: The surface should be cleaned and then a 50 per cent. ichthyol and water should be applied, after which a thin layer of cotton should be put on. A diminution in the itching and burning of the acute lesions is soon brought about. The part is left alone for twelve to twenty-four hours and then a mild ointment is used. He confirms its successful use in erysipelas, also in the eruptions from poison oak, where the results were excellent. With reference to burns, he refers to Unna's claim that in those of the first degree ichthyol removes in a short time the pain and almost every visible sign. In burns of the second degree it prevents the formation of blisters and reduces the symptoms either entirely or to the condition of the first degree. The drug is not recommended for burns of the third degree.

Herpes zoster also has been treated with ichthyol with often much benefit; in the early stages it appears to hinder the full development of the lesions. In acute and chronic eczema the author also says he has had very good results, and even on moist surfaces the pain is neither intense nor of long duration.

### NON-SURGICAL TREATMENT OF BOILS, CARBUNCLES AND FELONS.

Dr. L. D. Bulkley (New York) read a paper on "Non-Surgical Treatment of Boils, Carbuncles and Felons" at the last meeting of the British Medical Association (abstract, Journal of Cutaneous and Genito-Urinary Diseases, October, 1897) in which he recommended poultices and internally a mercurial purge, followed by Startin's mixture and calcium sulphide. Externally also he used carbolic acid, zinc, ergot and starch in the form of an ointment.

The chairman, Dr. Malcolm Morris, in

the discussion which followed, said that he disagreed with nine-tenths of all Dr. Bulkley had said. He avoided drugs unless there was a clear indication for their use. In carbuncle he recommended scraping out under anesthesia and thus obtain in a few hours what many weeks of application would require. He was surprised that so much medieval medicine had survived. The school which Dr. Bulkley represented was dying, but dying hard.

HERPES IN MALARIAL FEVER.

In the British Journal of Dermatology, September, 1897, Dr. Arthur Powell of the Cachar Hospital, Assam, gives an interesting paper on "The Prognostic Value of Herpes in Malarial Fevers." He says that in the daily attendance at his hospital there were never less than 100 cases of malaria during the last nine years, and that the death rate from this disease alone was 22.6 per thousand. If during an attack of remittent or intermittent fever a patch of herpes broke out on the lips, face or elsewhere he always looked upon this as a sign that the malarial attack was over, and he had never met with a case where this sign had failed. He records six cases in white patients, including himself, where the appearance of herpes ended the malarial attack, and he says he has seen scores of cases in the natives. Some of the natives call the herpes "Bokhar-ki-tatti"—"the feces of the fever." With the exception of sudamina or prickly heat from excessive perspiration, this author has never seen an eruption due to quinine, although his hospitals consume from sixty to seventy pounds annually, and he has often prescribed repeated doses of from forty to fifty grains.

* * *

TREATMENT OF GONORRHEA WITH SILVER IRRIGATION.—Galewski (British Medical Journal) uses a solution of 1 in 1,000 to 1 in 2,000 silver nitrate applied by means of a soft catheter once or twice a day. If this causes much irritation a weaker solution is used at first. Only acute cases were treated, none being more than four days' duration. The author found that in twenty cases sixteen were cured in twelve days.

CORYZA APPARENTLY OF DENTAL ORIGIN.—At a recent meeting of the Manchester Odontological Society Mr. E. P. Collett brought forward an interesting case, which is reported in the London Lancet, of coryza due apparently to dental irritation. The patient in question, a medical man, had suffered from persistent coryza, mainly unilateral, for three or four weeks. He consulted a colleague, who carefully examined him and was unable to find any physical cause except some stigmata on the middle turbinated bone associated with general vasomotor dilatation of the membrane. A 4 per cent. solution of cocaine was prescribed for local use, together with general treatment. The coryza, however, did not lessen, and neuralgic pain in the region of the temple, over the malar bone, and subsequently behind the right ear, supervened. He then consulted Mr. Collett, who removed the first maxillary premolar, which showed signs of chronic periodontitis. No pus was evacuated. The pain had entirely gone by the morning following the removal of the root, the coryza completely disappearing in the course of three days.

* * *

THE DANGERS OF ARTIFICIAL RESPIRATION.—Artificial respiration is the correct treatment in troubles in which there is an interference to, or a cessation of, the breathing, but the Therapeutic Gazette points out that the use of artificial respiration is not without danger. Too vigorous action has caused fracture of the ribs or the drawing in of some foreign substance, such as vomited food, into the trachea. In these cases tracheotomy is the only thing to be done, and that, added to the original malady, puts the unfortunate patient's life in great jeopardy. It is well to think of these complications.

* * *

A NEW PREPARATION OF IRON.—Drs. H. P. Loomis, Karl Von Ruck and Hugo Summa have all three united in the publication of a very valuable monograph showing the efficacy of certain forms of iron combined with manganese and pepsin in the treatment of anemia due to tuberculosis or from whatever cause.

MARYLAND

# Medical * Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of the accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Room 606 Fidelity Bldg., Charles and Lexington Sts.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, JANUARY 29, 1898.

**The Sheppard Asylum.**

THE Trustees of the Sheppard Asylum have asked the legislature of Maryland to amend the charter of that institution so that its corporate name shall be "The Trustees of the Sheppard and Enoch Pratt Hospital." This amendment is necessary to secure the endowment left by Mr. Pratt.

By direction of the testator the income from this endowment is to be employed in completing the present buildings and grounds and in the erection of additional buildings for at least two hundred patients of the indigent class, who are to be cared for, according to Mr. Pratt's directions, "in the most advisable manner, at very low charges or absolutely free" as in the judgment of the Trustees may seem best to promote the object of the donation.

In accepting this additional trust the Trustees of the Sheppard Asylum have no doubt carefully considered the whole subject. They cannot afford to lower the high standard of care and treatment now established at that institution, nor can they, in the new buildings to be erected, establish one of an inferior grade to that already existing without many and somewhat serious complications. They doubtless understand then Mr. Pratt to mean by the "most advisable manner" the manner in which they have already so excellently cared for those placed under treatment at the Sheppard Asylum, with, of course, any improvements which time and experience may suggest; indeed, this is said to be their belief and intention. As the Medical Superintendent, Dr. Brush, points out in his last report, just issued, they are bound, in obedience to the injunctions of Moses Sheppard, to "carry forward and improve" the treatment of the insane.

Few are aware of the real work or character of this institution. Indeed, many have read with surprise of the amount of charitable work which, hampered as the Trustees and Superintendent have been by the large expenditures incident to opening a new institution, has been accomplished. Ten per cent. of last year's admissions were free cases, according to the report, and one-third of the other cases received were admitted at rates below half the cost of care.

It is hard to see how any question can arise in the legislature over the change in corporate title. The Trustees have agreed to assume the task of directing the treatment of two hundred of the unfortunate insane who cannot now get care. They ask no aid from the State; they accept no reward in the way of salaries or fees. They agree practically to do for the citizens of the State far better than the State itself can do, and the only bar between them and the means to accomplish this great, and absolutely in this community necessary, work is an act of the General Assembly changing the corporate name of the Board.

To refuse to at once pass such an act will be worse than a blunder; it will be a crime not only against the common-sense of the community, but against humanity and against the insane, not only of today, but for all time to come.

* * *

**The Barber Shop.**

IN this issue Dr. Robbins shows the dangers of the barber shop. The chances of contracting venereal diseases there, however, are small as compared with parasitic diseases. There is in Baltimore a barber shop where the greatest possible precautions are taken to prevent infection, the combs, brushbacks and handles, razor handles and cups and everything used being made of aluminum, and all articles, including soap and towels, are subjected to careful sterilization. Such progress deserves the support of those who desire an absolutely clean barber shop.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 22, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | . | 22 |
| Phthisis Pulmonalis | .. | 24 |
| Measles | 35 | .. |
| Whooping Cough | 23 | 1 |
| Pseudo-Membranous Croup and Diphtheria. | 52 | 10 |
| Mumps | .. | .. |
| Scarlet Fever | 25 | .. |
| Varioloid | .. | .. |
| Varicella | 2 | .. |
| Typhoid Fever | 2 | 4 |

Saglione, physician to King Humbert of Italy, is dead.

The City Council of Baltimore has recommended the filtration method of sewage disposal.

It has been seriously proposed as a matter of economy to sell the Saltpêtrière and Bicêtre at Paris.

A Johns Hopkins Hospital nurse was dismissed because she refused to nurse the leper case there.

Dr. J. H. Cochran of Havre-de-Grace is president of the city council of that place; Dr. H. S. Weusthoff is health officer.

Mr. Nathan Straus, of sterilized-milk fame, has been appointed president of the Board of Health of the City of New York, vice Mr. Charles G. Wilson.

The ninety-second annual meeting of the Medical Society of the State of New York was held in Albany on January 25, 26 and 27, under the presidency of Dr. Seneca D. Powell of New York.

The Rush Medical College has become a part of the University of Chicago, and the medical department will be materially improved and the standard raised to equal any university in this country.

The physicians of Philadelphia bore the entire expense of the meeting of the American Medical Association in 1897 and turned back to the Association the $1,000 intact appropriated for expenses.

The sixteenth annual report of the Baltimore Eye, Ear and Throat Charity Hospital shows that 3,299 patients were treated in that institution during 1897 and 10,155 cases were seen in the dispensary. The new building will soon be open.

The death is reported from Pittsburg of Dr. William B. Clark, who was from 1892 to 1894 assistant to Dr. S. O. Heiskell, quarantine physician at Baltimore. Dr. Clark was a graduate of the College of Physicians and Surgeons of Baltimore and was a man of great promise.

The Frick Committee of the Medical and Chirurgical Faculty of Maryland has again, through the kindness of Mr. William F. Frick and Mr. Reverdy Johnson, been placed in possession of $600 to be spent in works on internal medicine, and this committee should be very glad indeed to receive suggestions from physicians as to suitable books or files of journals not at present in the library. Suggestions may be sent to Dr. William Osler, 1 West Franklin street, Baltimore.

Joseph O'Dwyer, M. D., College of Physicians and Surgeons, New York, 1866, one of the visiting physicians of the New York Foundling Hospital, died of tubercular meningitis at his home in New York City January 7, aged fifty-five years. Twelve years ago he achieved even international fame by his intubation method of treating laryngeal diphtheria. He was a progressive, enthusiastic physician, in much favor with the profession for his candid and kindly manner.

The statement made that Dr. Robert T. Wilson had been elected surgeon in charge of the Woman's Hospital of Baltimore to succeed his father, the late Dr. H. P. C. Wilson, was strictly true, but for fear of doing injustice to Dr. William T. Howard, who is also surgeon in charge, it may be stated as a matter of history that when this hospital was founded Drs. Howard and H. P. C. Wilson were made chief surgeons and divided the service and each had two assistants. After Dr. Wilson's death the lady managers passed a resolution requesting the board of directors to elect Dr. Robert T. Wilson to the place made vacant by his father's death should it be agreeable to Dr. Howard, and it was accordingly done. Inasmuch as the Woman's Hospital is a part of the medical history of Baltimore, it is thought right that this matter should be clearly stated.

## Washington Notes.

At the 273d meeting of the Washington Obstetrical and Gynecological Society, held at the office of Dr. Bromwell, Dr. W. Sinclair Bowen read a paper on "Ventral Hernia."

Dr. Edmund Carlyle Der Meulen, a retired surgeon of the United States Navy, died at Philadelphia last week. Dr. Der Meulen was born in New York in 1833, and after practicing his profession a short time was appointed assistant surgeon in the navy in 1861. He was retired in 1882.

At a recent meeting of the directors of the Central Dispensary and Emergency Hospital the report for the month of December was read as follows: New cases, 726; number of visits, 2,174; number of deaths, 1; number of operations, 155; ward patients, 37; number of prescriptions, 2,351; ambulance calls, 45.

An Army Medical Board will be in session in Washington during the month of May for the examination of candidates for appointment to the Medical Corps of the United States Army to fill existing vacancies. Candidates must be between twenty-two and twenty-nine and be graduates of a regular medical college. Applications should be made to the Secretary of War before April 15, 1898.

## Book Reviews.

A Handbook of Midwifery. By William Radford Dakin, M. D., F. R. C. P., Obstetric Physician and Lecturer on Midwifery at St. George's Hospital, etc., London. With 394 Illustrations. New York, London and Bombay: Longmans, Green & Co. Price 18 shillings.

In the work above mentioned we have a volume which bids fair to hold a position of prominence among English text-books of obstetrics of the present day. The book is distinctly a practical one, and the author has taken care not to burden the mind of the student with numerous unproven theories and hypotheses, but has presented the practical points of obstetrics in such a clear and concise manner that the work will be always one of value to the practicing physician and student of obstetrics.

The portion of the work which deals with the mechanical problems of the science, such as the mechanism of labor, both in normal and deformed pelvis, the development of the adult pelvis from that of the child, the mechanical causes entering into the production of the various degrees of pelvic deformity, etc., is discussed in a manner which clearly demonstrates the fact that the author appreciates the principal difficulty with which the student has to contend in most of the text-books now published.

The writer, being an Englishman, has advised the use of the left lateral position in conducting normal confinements and obstetric operations, and to one who is accustomed to the French and German methods of carrying on these procedures in the dorsal positions many points in the work will at first appear confusing. The classification of the work is the one found in most books, being considered in the main under the two headings Physiology and Pathology, under the first of which we have the physiology of pregnancy, labor, puerperium and of the new-born child, and the management of normal labor; and under the second a consideration of the pathological aspect of these phenomena, and a section on operative obstetrics.

A section of the work which deserves special mention is that on pelvic contraction and deformity, this important subject being admirably treated, and the mode of production of many of the irregular forms of pelvic distortion being exceedingly well illustrated by original diagrammatic figures. The classification of deformed pelvis differs from the one usually adopted, being based upon the variety and degree of pelvic deformity rather than on the etiological factors which bring about these conditions.

The portions of the work devoted to forceps operations and puerperal infections are rather disappointing and do not seem to be up to the standard of the rest of the book, as example under forceps credit is not given to the marked advances made in the technique of forceps operations by the French obstetricians, in particular Farabeuf and Varnier, and in the case of puerperal infections it appears that more might have been said concerning the pathology and bacteriology of the disease.

The illustrations, although many are highly diagrammatic and not particularly well reproduced, have the advantage of showing the points which the author desires to bring out, which unfortunately cannot be said of many of the text-books now published, in particular those in which photography plays such an important part.

EYE-STRAIN IN HEALTH AND DISEASE. With Special Reference to the Amelioration or Cure of Chronic Nervous Derangements Without the Aid of Drugs. By Ambrose L. Ranney, A. M., M. D., author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," etc.; late Professor of Nervous Diseases in the Medical Department of the University of Vermont and of the Anatomy of the Nervous System in the New York Post-Graduate Medical School, etc. Illustrated with thirty-eight Wood-cuts. One Volume, Royal Octavo, pages viii-321. Extra Cloth, Beveled Edges, $2, net. Philadelphia: The F. A. Davis Co., publishers.

This book contains a great deal of valuable matter and much more which will excite doubt in the minds of some readers and ridicule in others. That eye strain can produce obstinate headache and neuralgia no one can doubt. That either directly, or more probably through these results as media, insomnia or that symptom-complex called "nervous prostration" may result more will deny, but a good number will admit as possible.

When the author includes chronic chorea, epilepsy and digestive disturbances among ocular neuroses, disappearing after refraction or muscular anomalies have been cured, there will be still greater skepticism and demand for clinical proof. This latter Dr. Ranney undertakes to furnish. He writes, too, in a most attractive and, in a way, convincing style.

The great trouble about the mater is that experience of others has not borne out the claims made. It will not do to blame failure on incomplete investigation, for among these investigators are competent men. So far as we are aware, Dr. Ranney's views are not shared by any considerable number of neurologists the world over. This does not disprove them, however. If what Dr. Ranney says about his cases of chorea and epilepsy is said of cases the diagnosis of which is beyond doubt, there is yet a great deal to learn about these diseases and an urgent demand for more reliable and speedier methods of developing latent eye troubles.

---

DR. HORATIO C. WOOD of Philadelphia has accepted the position of editor of the *American Medico-Surgical Bulletin.* This forms a very happy combination between an authority on materia medica and therapeutics and a firm of manufacturing pharmacists and chemists of high repute. Messrs. Merck & Company and the readers of the *Bulletin* are to be congratulated on this accession.

## Current Editorial Comment.

### A DEPARTMENT OF PUBLIC HEALTH.

*New York Medical Journal.*

WE do not believe that a department of public health should be created suddenly if at all. It must and should grow by a process of development according to the needs of the nation in respect to such matters, so that its growth shall be healthy and the aspirations of the medical profession shall not be hindered by backward steps, which must necessarily be taken if the attempt to graft an undigested departmental machinery on our system of government should succeed.

---

### TEACHING MEDICINE.

*The Journal.*

THE man who is called to teach one of the clinical specialties of medicine should, if anything, be compelled to endow his own chair, since the advantages to be derived from such a position are quite considerable from a material standpoint. In former times great men gathered about them young students to teach them the art of medicine, or some particular portion of it. And schools were often known as the school of this man or that. Such teachers may have been filled with a desire to impart knowledge, or a love of authority, or only with the hope of gain, but whatever the end, they fully realized the advantage of teaching.

---

### HISTORY OF MEDICINE.

*Northwestern Lancet.*

THE physician of the present day is often discouraged because of the limitations and failures of his art; he sometimes feels that he knows so little, and is often so powerless in the face of disease that the whole thing is hardly worth while, that the practice of medicine is a failure. Let him turn back in the history of medicine, not to the days of Æsculapius, of Hippocrates, of Galen, not to the revolting practices and superstitions of the Middle Ages, but only a century ago, and he will find all the encouragement he wants in a comparison of the medicine of his time with the medicine of that. Let the man of the present day go back a century, and he would feel that he was in the midst of dense ignorance and an utter lack of all that made the practice of his art possible.

## PROGRESS IN MEDICAL SCIENCE.

$100 Reward.—This company will pay a reward of $100 on being furnished evidence sufficient to prove the fact of an authorized dispenser of medicines filling a prescription with other than Phillips' preparation, when Phillips' is specified.—The Chas. H. Phillips Chemical Co., 77 Pine street, New York.

W. A. Ward, M. D., New Edinburg, Ark., says: "I have used Aletris Cordial in threatened miscarriage in several instances with the best results. One case in particular, the lady was of nervous temperament and very easily excited, but by giving Celerina combined with Aletris Cordial for a short time she passed over it safely. I am of the opinion that any physician prescribing Aletris Cordial, in such cases as it is indicated, will not be disappointed in the result."

A Winter Remedy.—The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal-tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice, and is now generally accepted as the safest and surest of the coal-tar products.

The Drug Treatment of Insomnia.—In a scholarly paper read before the last meeting of the British Medical Association, Dr. R. Ferguson, Lecturer on Therapeutics in the Western University (*British Medical Journal*), presented some practical suggestions on the use of drugs in the treatment of insomnia. While he did not believe that the hypnotic is yet discovered, or ever will be, which is at once trustworthy as to producing the result desired, and incapable of producing any unpleasant after-effects, sulfonal, in his opinion, came as near to this standard as any drug with which he was acquainted.

December 29, 1897.

To The Imperial Granum Company,
New Haven, Conn.:

*Dear Sirs*—I have raised my baby on Imperial Granum, and no healthier child can be found in the city. She is three years old, weighs thirty-six pounds, and still has two meals a day consisting almost wholly of Imperial Granum. Her last meal at night is Imperial Granum only. It is soothing, nourishing and satisfying, and gives good sleep and no nightmare, which children so frequently have from improper evening feeding. I always speak enthusiastically for the Imperial Granum, for I know of no food that is as good for babies and children. ———, M. D.

Literature and samples for clinical test supplied only to physicians and trained nurses. Sent free, charges prepaid, on request. Correspondence solicited.

The So-called Neurasthenics.—In a recent number of the *Medical News*, Reynold W. Wilcox, M. D., of New York, points out that a very considerable number of so-called neurasthenics are really patients who are suffering from goutiness of the particular variety known as neurotic lithemia. It is a notorious fact that these patients are cured with difficulty, notwithstanding that they are curable. The clearing of the mental atmosphere of depression as soon as the stored uric acid is set in motion toward excretion is remarkable. Further, since it is not the excess of manufactured uric acid, but rather its deficiency of elimination to which the symptoms are due, and, in addition, that a vegetable diet contains albumen of a variety which is difficult of oxidation, renders the prohibition of red meats an illogical procedure. Piperazin *in vitro* has been proven to be an efficient and harmless solvent for uric acid. Administered with phenocoll better results are obtained than when piperazin is alone employed. Piperazin water is the method of choice for the administration of this drug, because perfect solution in proper dose and quantity of menstruum is obtained.

*A RARE OPPORTUNITY.*

Practice and Residence for Sale.

*A country physician of 23 years' standing offers his practice, stock of medicines, residence and equipment for sale low on easy terms, separately or together. Address* D. Sterett Gittings, *Real Estate and Insurance, 1 W. Saratoga St., Baltimore.*

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 17. BALTIMORE, FEBRUARY 5, 1898. Whole No. 880

## Original Articles.

# MEDICAL LITERATURE.

*By William F. Barclay, A.M., M.D.,*
Pittsburg, Pa.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA, AT CUMBERLAND, MARYLAND, DECEMBER 16, 1897.

THE medical books, journals and magazines contain the medical knowledge of the past and present. The medical journal of thirty years ago was practically an innovation, while today it is an essential in the physician's daily reading in the science of medicine. The advances in medical science are noted and discussed in the medical journals, and there is really little use for medical books except as a review and condensation of that which appears in the weekly, fortnightly, monthly and quarterly medical publications. It is not assuming too much to state that the physician who carefully reads and studies the leading medical journals has little use for medical books except those of recent dates. The medical books that were published ten years ago are old and gray, and it is only in their revision and newer editions that it is possible to keep them from oblivion and being amongst the things that have been. The truth is usually found in the aggregation of human thought and practical experience.

It is marvelous that the fixed sciences should from time to time be reconsidered, and that which has been received as fact be relegated to the mistakes that have been made in our scientific investigations. It is said that combined wisdom alone can elucidate the truth as the merest tyro may unravel the mystery that has baffled the comprehension of sages. Philosophy and reason are conceptions of the psychic impressions of the visible and invisible universe. At the present time the medical profession has an army of capable and efficient writers and the literary world is enriched by the contributions of the members of the profession of medicine, so that it stands out pre-eminently above that of all other professions. Prose and poetry have had in the profession of medicine some of the best representatives of clear, logical and forcible composition.

The legal profession has few members that can write comprehensible English, and millions of dollars are annually expended in efforts to discover the intent of persons who have committed the disposition of their affairs to the incomprehensible language and expression of their legal advisers. It is not an unusual thing to observe lawyers who are unable to decipher their own handwriting, much less to interpret their own phraseology. Ministers are not less vulnerable in their literary efforts, and their sentiments are interpreted as being the unction of divine power, and it is sacrilegious to consider or discuss expressions from the ordinary efforts of ministers of the gospel. Careful scholars must be impressed in reading our medical journals by the logical and forcible expression of thought and the elegance in the selection of words that

express the certain meaning of the writer, as well as the comprehensive knowledge of that which is being considered.

The weekly, fortnightly, monthly and quarterly medical journals published in the United States furnish sufficient data to enable the student to comprehend the vast knowledge and labor set out in the preparation of that which appears in these publications. It is incalculable in style, variety and diction, and withal displays a versatility that is marvelous in human thought and action. Attention to these publications enables the busy practitioner to gather that which is most important in the advances in medical science, yet it well repays the studious doctor to carefully read almost all that appears in legitimate medical publications. Sameness in style and expression becomes uninteresting and tiresome, but medical journals contain more variety in literary effort than is found in any other publications. The relative value of the knowledge to be acquired in reading medical journals is very great when we take into consideration the small cost at which these journals can be obtained. Variety is the spice of life, and the studious character of many physicians has no doubt been the result of the daily reading of medical journals. It would seem impossible to keep in advance of the requirements of a physician's professional career without the assistance of the benefits to be derived from the careful, studious reading of the medical journals.

My attention has been from time to time directed to the medical journals published in the United States, and it is with a just pride that I state that they surpass those of any other country. The general reader finds pleasure and profit in the perusal of the medical journals. It is not possible for the ordinary reader to comprehend all that is contained in medical journals, yet there is much that is valuable to the individual in the acquirement of that knowledge which is essential in the care of the body and mind. Recently the *Medical Record*, *New York Medical Journal*, the *Medical Mirror*, the *Brooklyn Medical Journal*, MARYLAND MEDICAL JOURNAL, the *American Medico-Surgical Bulletin*, all came to my table in the same post, and therein contained was an amount of knowledge and information, when considered at the cost of all these medical journals, that could not have been obtained in any other way of which I have any conception. The estimated cost of the whole was about sixty cents, and the expenditure was most profitable. Recent advances in medical science are really wonderful, and it is in the daily perusal of the medical journals that the progressive physician keeps in touch with the advances of the leading thinkers and workers in scientific medicine. The original papers and reports prepared and published by the members of the medical profession demonstrate the incalculable amount of work done, and the zeal and devotion to the profession of medicine in the alleviation of pain and the cure of disease.

Books have an important place in the acquirement of knowledge, in the essential sciences, in the education of the physician, but it is less important than it was a quarter of a century ago, and is not to be considered when we take into consideration the advantages afforded by the lectures and clinical instruction in medical schools. In the past a pupilage in the office of a preceptor was considered the primary essential in the education of the physician, but the classified courses of instruction in medical colleges have demonstrated that such knowledge as is to be obtained from text-books is not of the greatest advantage to the student in his preparation for the practice of medicine. The courses of instruction in medical colleges are graded and the time extended to four years, which is advisable and tends to mature the student in scientific knowledge in the branches taught and the clinical advantages afforded and partially prepare the student to assume the responsibilities of a professional career. The advantages afforded the medical practitioner by attending the meetings of medical societies and the careful reading of the medical journals are the basis of that instruction which equips the medical practitioner for that advanced success which the times require. The original articles prepared by leading medical thinkers and writers, with the editorials and reports of the proceedings of the work done in the transactions of these associa-

tions, cannot be overestimated in the acquirement of the knowledge which fits the successful physician for the prosecution of his life-work.

No doubt much finds its way to the editor's table that never appears in print. The evidence of originality is generally apparent in all that commands a place in the columns of carefully-edited medical journals. Variety is the spice of life, and it is especially agreeable in literature. Medical literature would be uninteresting indeed were it not for its vast variety. From the effort of the merest tyro to the transcendent effort of the finished scholar medical literature furnishes abundant evidence of its fullness and completeness in that which suits the fancy of the every-day medical reader. Medical editors display great versatility in their writings and show much wisdom in disavowing responsibility for that which appears in the columns of their journals.

Many of the most successful practitioners never contribute a word to the press in medical literature; thereby much valuable information is lost that rightfully belongs to the storehouse of medical knowledge. To rewrite and condense medical literature would establish the value of that which has been written, so far as medical science has been enriched in scientific truth which is beneficial in the common welfare of the medical profession. The aims are to arrive at the truth and apply the benefits derived therefrom to the general good of humanity, as well as the advancement of scientific medicine. The price of eminent literary attainment in medical science is accurate knowledge, with power of description innate, perfected by thorough literary training in the best academic schools and colleges. Style in writing is peculiar to the power of observation and description in the writer, being at all times modified by education and general culture. An eminent physician once said in criticism of a voluminous work written on the theory and practice of medicine: "I am for once in life surfeited on wind pudding." Exact science requires the most accurate and expressive description in simplicity. Badly written books are almost numberless and are the aneurisms in scientific medical literature. Much ado about nothing paralyzes our energies in scientific research and investigation, tires and benumbs the faculties and sustains in medical literature the conclusion of the wisest man, "that all is vanity; yea, vanity of vanities."

Writing simply to be heard or to see your name in the journals is a waste of time and neither improves the writer nor edifies the reader. Write when you have information of interest to impart or when you are in doubt and desire to be informed upon important subjects. The arrangement of the journals is evidence of the keenest literary discernment in the places accorded the authors of that which appears from time to time in the columns of their respective publications. To write again that which has been written or to reclothe old ideas is frequently attempted, but certainly finds its doom in the editor's waste basket. It is estimated that there are 110,000 regular physicians in the medical profession of the United States. Of this number less than 5,000 have written anything to grace and enrich medical literature.

The careful reader of the medical journals is impressed by the names of writers as in other branches of literature. Nothing disappoints the reader so much as a rehash of that which has been told before. The disposition of many writers to appropriate the work of others is unadulterated theft of the most despicable kind, which is always found out and exposed. To attempt to steal the work of a fellow-physician is of all things most contemptible and merits the scorn and contempt of all honest, just men in the profession of medicine. The world of letters is increased by the knowledge acquired and disseminated by the studious in all callings and professions. The methods adopted in arriving at the truth are based on the conceptions of the mind of that which is being considered, the power of description and the method employed in transmitting the ideas of the writer to others. That the profession of medicine is unjustly considered in the scientific work done by its members is to be accounted for by the disposition of its members to undervalue and depreciate the work done to the great detriment and injury of a great and good profession. The

members of the profession of medicine alone have definite knowledge of the labor done and its value in the progress in scientific medicine.

The characteristic in the human family to seek the mysterious in medicine is the result of the education received from the fathers in medicine. It is easily within the recollection of many when the doctor was assuredly and intentionally in his professional work the most mysterious of all human characters. Assumption and presumption were the leading characteristics in his professional life, and his daily rounds had to do with the ill, the dying and the dead. The grave and its occupant had no assurance that he would not investigate its solemn silence. Rumor went around that the doctor had followed many down to the very portals of death, and when the spirit had left its mortality the dismembered body in osseous form inhabited a mysterious closet in the doctor's office and haunted the dreams of his patients. It is in the reference to the methods adopted in the past that we arrive at the foundation of many apparent misconceptions of medical practice and the assistance given by an ever-willing public to the abuses that have degraded the profession of medicine. Mysticism and skepticism are the legitimate results of the teachings and practice of former times. It would seem that at the close of the nineteenth century, with all the advantages afforded by the educational facilities of our country, that charlatanism, quackery and the varied superstitions that are practiced upon an ever-credulous public should fail to receive recognition and public sympathy. The relegation of the impositions of the not far distant past to the sunlight of reason and truth in the present has relieved the profession of medicine of much that hindered its legitimate progress.

The common people have had access to medical journals and magazines, as well as the writings of medical men, in which they have learned that medicine is a progressive science and that its practice is based upon the prinicples that comprehend the nature of disease and the remedies afforded, and when skillfully applied, aid and assist nature in curing the sick. The hardships of the physician's professional life are largely the result of mistakes in the practice of medicine and in the management of the professional business and social intercourse in the relations sustained to the people and the members of the medical profession. Devotion in the life-work of the physician is beautifully illustrated in the perseverance in the varied duties and in the consecration to the common weal of mankind. The educated, scientific physician stands out in the heraldry of the world as the truest and bravest of men in daring all dangers without even a thought of his own safety in his devotion to the demands made upon his time by suffering humanity.

When those persons nearest by the common ties of nature fear and desert man the true physician counts the last throbbing pulsations, and when life's subtle essence has left its citadel forever he folds the hands at rest and closes the eyelids over the windows of the deserted tenement. In the sorrows of ill and dying humanity the presence of the faithful physician is an evidence that he neither fears nor falters in the enactment of his duty, and while other men work and laugh, he works and sighs in deepest sympathy for those who claim his time and effort.

That much of the work done in the practice of medicine is inefficient is true, but that accomplished by the fore-rank of the profession challenges the criticism of the most intelligent in human thought and action. Surgical science has mastered many of the difficulties that precluded operative procedure in the investigation of the vital parts of the body, but recent advances in surgical science enable the surgeon to investigate the parts hitherto beyond the surgeon's skill. While we consider with pleasure the nobility that should characterize the physician's life and work, on the other hand, the ordinary littleness and jealousy which infects human nature is indigenous in its membership to a degree that must be a source of annoyance and discomfort to all. There is enough in its work to claim the best efforts of the most gifted intellect and the energies of the most vigorous manhood. The best men in the profession are kind, generous and noble in their professional characters, and display

these characteristics in their intercouse with each other. There is no profession that contains so much in its pursuit which ennobles and displays the better parts in man's nature.

Education and literary training prepare the mind for the study of medicine, and in the want of preparatory education the characteristics that disparage the lives of physicians are inculcated. "He that causeth two blades of grass to grow where only one grew before is a benefactor to his race;" also he that causeth two red blood corpuscles to grow where only one grew before is adding a benefaction to his race. In the relief afforded to suffering humanity, in the lessening of pain and suffering in the ordinary ills incident to life is truly beneficent. Literature in medicine comprehends the entire science of medicine in fact, logically arranged, truthfully expressed in simple, exact language, so that the writer's ideas are easily comprehended by the average intelligence. The unusual effort in medical literature is like the inelegant expression by the illiterate, calculated to perplex the mind of the reader and consume time which is important in the busy physician's life-work. It has been a great pleasure to read the writings of Austin Flint, Sr., and J. Hilton Fagge's works, written upon the theory and practice of medicine, and other authors who have published text-books written in elegant English. The older writers in medicine were concise, brief and clear, and are instructive in the literature of the past. We have looked to the older countries for medical learning and literature, but we have at the present no occasion to go beyond the limits of our own country, and the profession of medicine equals in learning and scientific attainment that of any country in the world, and in practical experience and medical acumen certainly surpasses that of any other country.

There is a natural, logical conclusion in all scientfic investigation in the ultimate determination of the truth. The application of the ordinary means used in our investigations should, when skillfully made use of, approximate and determine definite results. The assumption in the final estimate in all exact science is the rule, and doubtless is attained in the revision that follows scientific investigations by different observers in that which is being considered. The new in scientific medicine must undergo the test that usually follows the announcement of the observations of original thinkers and writers. It is with pleasure that we refer to the original scientific work done by Pasteur and Lister and the inestimable benefits which have been derived from their labors. Surgical science has been reconsidered and a new basis in practical operative procedure established, which has been not less beneficial to suffering humanity than the discovery of anesthesia. Were it possible in the time afforded me to recount the work done in scientific medicine by original investigators the list of names would not weary the listener; on the contrary, the amplification which arises from the consideration of the investigations of original work alone can tire our energies. The press in medicine is the furnace which tries and purifies medical science. The new medical books that annually appear are the results of the yearly grist of medical literature. The advice given by medical editors is timely, and one word is sufficient to express its meaning—"condense."

The profession of medicine in the United States should appreciate the value of medical journals and render them the loyal support they so richly deserve. To take away the medical journals from the medical profession would rob the busy doctor of the priceless benefits to be derived from reading and studying these publications. The success of the physician can be estimated fairly by the interest shown in medical literature and the support given to medical journals. The physician can in no other way encourage scientific progress and attain reasonable success in the practice of medicine. The immediate and future progress in medical science never presented to the world a better place than it does at the present. The greatest hindrance to the advancement in medical science and the welfare of the medical practice at the present time is entirely attributable to the mistakes that have been allowed in abuses which I in an humble way called your attention over one year ago. I refer more especially to the abuse of medical charity. At

that time I directed your attention to that which in my humble judgment was the greatest hindrance to the comfort and welfare of the medical practitioner. That the suggestion was timely has been attested by the attitude of the medical journals of our country in the editorials and the publication of many well-written articles upon the abuses of medical charities.

It is rather remarkable that remedial measures have not been suggested and adopted to ameliorate the hardships that burden the profession and its membership. The just appreciation of the value of medical service and a demand of a just recompense for your time and skill, with a fraternal consideration for your fellows in practice, will dignify and ennoble the physician and entitle him to that position and place in the business world which his calling entitles him in the relation which he sustains in the world. State and church presume that an important part of your time, skill and efforts are due to the common weal of humanity, and that you are the servants of these masters. The State has failed to protect the physician in his rights with a single exception (that his bills are preferred claims in the settlement of estates in the last illness of the deceased). The law is plainly written and firmly established so far as the liability of the physician is concerned, and the members of the profession are subjected to suits for malpractice frequently, which incurs loss of reputation as well as considerable expense in carrying on a defense before courts of justice. Fortunately the verdicts rendered are usually in favor of the defendants, as the average skill and attendance have been more than the law presupposes in the liability incurred. Let us at the end of another year look backward to study in the work done by the profession of medicine, and as we pass another milestone in our professional careers consider well the lessons of the past and render the honor due to those who have added to the original work done and the advancement in scientific medicine which contributes to the welfare of the human race.

The profession of medicine bears the hardship of the mistakes of everyone who assumes the name of doctor, and thereby the medical profession is dishonored and degraded. The regular profession of medicine is sustained by the advanced part of its membership, of which it should be justly proud. The irregular charlatan, quack and fake doctors are members of the medical profession, and the impositions and wrongs done in the name of the profession of medicine have been the hindrance and detriment of scientific progress. The old school of medicine has withstood the test of ages, and the system has steadily advanced, church and State recognizing it as the only safe and legitimate system of medicine, and there never has been a time when scientific medical practice of the old school was more substantially sustained and recognized than at the present time. The new systems of medical practice designated by various names are at the present time unable to find it advantageous to place the names which designate their schools upon their signs or in the various ways which set out that which is legitimate in medical practice. It needs no commendation at my hands, for it is sustained, upheld and established in the intelligence of its membership and a like loyalty by the educated people of our country. The people demand a higher standard in medical practice, and the profession of medicine has anticipated the wants of the people in higher and better literary training in our better schools and colleges, as well as the extended courses of instruction in medical schools. The State has recognized the wants of the people in establishing medical boards of examiners who should at least appreciate the responsibility incurred and render a reasonable service in the discharge of the important duties which are assigned by the laws of many of the States of the Union. The medical journals have rendered a just and loyal support in every advancement suggested, which should be duly recognized, and the united support of the profession of medicine should be given in the advancement of medical science and the merit of the literature of the profession of medicine.

# POST-DIPHTHERITIC PARALYSIS.

*By E. T. Duke, M.D.,*
Cumberland, Maryland.

READ BEFORE THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA, AT CUMBERLAND, MARYLAND, DECEMBER 16, 1897.

In the treatment of diphtheria we are too apt to regard the throat alone and overlook the other organs. And because of this I take for my subject one of the sequelae of this disease to emphasize what I believe to be the most important point in its management.

Antitoxine has so far surpassed any other remedy in the primary treatment of the affection that no one who has given it a fair trial will employ any substitute. When the active symptoms have subsided, and the patient begins to convalesce, we should be most attentive and watchful. By far the greater number of deaths occur at this period, some of which might be prevented by care and prudence.

Paralysis, either local or general, is a very frequent accompaniment of diphtheria and demands careful treatment. It is a toxic neuritis, caused by absorption of the diphtheritic poison. From 10 to 20 per cent. of the cases of diphtheria are complicated by paralysis, which comes on usually in the second or third week of convalescence. Of the local forms that of the palate is the most common, causing difficulty in swallowing, and a peculiar nasal voice, and when the constrictors of the pharynx are involved deglutition will be troublesome. Strabismus, loss of accommodation and ptosis may occur. Knee-jerk and weakness of the limbs, accompanied by ataxic gait, make up the symptoms.

The most important and dangerous local paralysis is that of the heart, which may occur in the height of the disease or later during convalescence. Should heart failure and fatal syncope come on early in the progress of the affection an unusual pallor comes over the face, the pulse is weak and slow, not more than thirty beats per minute; the hands and feet cold; temperature falls and death takes place in a short time. As a rule, however, the fatal collapse comes on during convalescence, sometimes as late as the sixth week. The attack is often preceded by fainting spells or irregular heart action. Vomiting frequently occurs. The symptoms are due in a majority of cases to neuritis of the cardiac nerves.

The multiple form of neuritis causing general paralysis is frequent, which begins with loss of tendon reflexes and power of accommodation, and paralysis of the palate. The arms and limbs are usually affected; frequently the muscles of respiration and the heart. When the latter occurs death almost always follows.

The prognosis of these forms of paralysis is usually favorable, unless the heart is involved.

Three cases occurring in my practice recently exhibited the various forms of paralysis already alluded to.

Jesse A., aged eight years, was taken ill in school. I was called to see him next day, and administered antitoxine, 1000 units. He improved rapidly, although there had been considerable swelling of the glands, and membrane had covered greater portion of the tonsils and pharynx. He continued to grow better for two weeks, and sat up. His appetite was good, and he seemed in a fair way to recover. There had been paralysis of the palate, affecting speech and swallowing, but this had almost entirely disappeared, when gastric disturbance appeared, followed by nausea, pain and vomiting, after which there was diarrhea. The pulse became irregular and weak, the extremities cold, the skin pale; complete prostration, followed by death during the night, due no doubt to paralysis of the cardiac nerves. In this case rest in bed was advised, but the advice was not followed, and what had seemed a very hopeful case resulted fatally.

Leoda M., aged three years. A malig-

nant case from the first, as the membrane extended from the anterior nares to the larynx. Antitoxine, 1000 units, given in the first twenty-four hours, caused rapid improvement. The throat symptoms grew better and the temperature and pulse soon became normal. She began to eat, and although she swallowed with difficulty, persisted in the effort to take considerable food. Paralysis began to develop within the first week. The palate was first affected, causing difficulty in swallowing. Speech was affected; the nasal voice was pronounced. The right limb was paralyzed, causing it to be drawn after her, and frequent falls occurred. Strabismus, internal, of both eyes followed. Tonic treatment and time has resulted in causing a complete recovery.

Another case, which seemed the worst of the series, was that of a little girl of eight years, who was taken ill at school. I administered antitoxine at once, and used local sprays and tonic treatment. The membrane remained in the throat and mouth for more than three weeks, leaving a red, cracked tongue after its disappearance. The neck was much swollen, throat entirely covered with membrane, great prostration and high temperature and very rapid pulse. All of the symptoms indicating a very severe case of the disease.

The stomach, which had digested a full quantity of nourishment in the early stage of the trouble, began to fail, nausea and vomiting followed; even milk was rejected. Prepared food was used in small quantities. This was retained, and in a few days other nourishment was used. The little patient experienced considerable difficulty in swallowing, the voice was inaudible. Great prostration present, as she was unable to move in bed. At the end of the ninth week she was allowed to sit up in bed for a little while, and two weeks later she sat up in a chair. She is now entirely well. This patient was the least hopeful of the three, but was very obedient, and no trouble was experienced in keeping her absolutely quiet in bed for weeks.

A number of other cases might be related to emphasize the importance of absolute rest in bed and the danger of even permitting the patient to assume the sitting position or get out of bed for a moment.

It may seem a little thing to lay so much stress on this one point of management in the treatment of diphtheria, but recovery in some severe cases by its employment, and a fatal result in others where it had not been enjoined, cannot fail to impress the physician with its importance.

Strychnia has been much used in the treatment of these paralyses, given both internally and hypodermically, in doses varying from one one-hundredth grain to a child of five to eight years and one-twentieth grain to an adult.

Electricity is useful in paralysis of all the various sets of muscles. The strength of the current should be that which causes the most contraction with the least pain.

Paralysis of the circular fibers of the iris and ciliary muscles may be relieved by using night and morning one drop of a solution of eserine (two grains to one ounce). Massage is highly recommended, and has been effective in the treatment of the various paralyses.

---

Fibroma of the Parietes and Pregnancy.—Michaux (British Medical Journal) describes a case of this disease, so much more prevalent in women than in men. The tumor developed almost immediately after a blow on the abdomen from the shaft of a cart. The patient became pregnant, then the tumor grew very rapidly. When removed eighteen months after the accident it weighed eight and one-half pounds. It grew in the sheath of the rectus. Notwithstanding its size it was at no point adherent to the peritoneum.

---

Elimination of Carbon Dioxide.—Experiments have shown that habitual drinkers of alcoholic beverages eliminate less than the normal amount of carbon dioxide.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD NOVEMBER 5, 1897.

THE meeting was called to order by the president, Dr. Wm. Green.

*Dr. Simon Flexner* made some remarks on "The Preservation of Natural Colors in Museum Specimens." I have the pleasure of bringing before you two or three pathological specimens. In the first place I should like to ask attention to a specimen which is not in itself very unusual, but is presented as an example of what may be accomplished in the way of preserving specimens by a method introduced by Kaiserling of Berlin. Anyone who has had to do with the formation of a museum knows how much has to be sacrificed because none of the methods in use preserve color, and that most of the specimens saved are of far less value than they would be if the normal color of the specimen could have been preserved. It is not uncommon to apologize to students, on this account, when a specimen is brought before them. By the older methods it was practically impossible to preserve the color of blood, and, as a matter of fact, to obtain specimens at all perfect it was deemed desirable to get rid of the blood, which was accomplished by subjecting them to washing in water for a long time. If one goes through a pathological museum it is seen that most of the specimens are of about the same color. Now, by the use of this method, which is a very simple one, we are able to preserve organs almost in the condition of fresh specimens.

To illustrate, I have here a specimen of passive congestion of the liver. The liver was brought to the pathological laboratory three or four days ago and is typical. If you examine it you will see how perfectly the color has been preserved, although sufficient time has not yet elapsed to enable us to bring out the full effect of the method. In the preparation the color is first lost and then restored, and several days must elapse before the color is perfectly developed. You will observe the distinct and characteristic markings of the congested lobules, contrasted with the uncongested portions.

This specimen of lung gangrene in typhoid fever has also been prepared by the Kaiserling method. It is an example of diffuse gangrene of the lower lobe of the right lung. It occurred in a man of sixty, of whom we have only an indefinite history. He was in a condition of stupor when he entered the hospital and no history could be obtained. He had been ill for two months, but only recently had his illness assumed an alarming condition. He was a well-built man, and presented a very much enlarged right thorax, and on percussion hyper-resonance was everywhere present. At the autopsy a pneumothorax of that side was discovered. A small amount of fluid exudate existed in the pleural cavity, and considerable fibrin covered the pleural surfaces. The pneumothorax was traced to several perforations in the lower lobe of the right lung, which was gangrenous. There is, as you see, a thrombus, which is quite firm and adherent to the vessel wall, plugging the main branch of the pulmonary artery, but as it is followed into the smaller branches of the artery it appears redder and more recent than that portion in the main artery.

The specimen is, after all, less interesting than the condition it attended. No ulceration, swellings or cicatrices were present in the intestine, nor were the abdominal lymphatic glands and spleen much swollen, and yet the bacteriological examination of the case showed typhoid bacilli in the spleen, bile, liver, lungs and kidneys. The case is regarded as one of typhoid fever without intestinal lesions, of which condition the newer literature contains other examples.

Finally, I have a specimen of ulcer of the stomach. Anyone who has examined the large statistics of ulcer of the stomach and who does autopsies in Baltimore must be impressed by the fact that the statistics are not applicable to what one observes in this city. Ulcer of the stomach, or evidences of such in the form of old cicatrices, are uncommon here, and it will be recalled that in the large statistics collected by Dr. Welch for Pepper's handbook ulcer, or remains of ulcers, occurred

in 5 per cent. of cases of deaths from all causes. These statistics agree with those given by others, and yet I am sure that the autopsy records of the Johns Hopkins Hospital would show a very much smaller percentage.

This specimen comes from a colored man of sixty-four, who had tuberculosis of the elbow joint, for which he had been operated upon. A few days later he had a severe hemorrhage from the stomach and died two days later. As you see, the ulcer is tolerably large, measuring five or six centimeters in its greatest diameter. It is situated on the posterior wall, a short distance from the pylorus, and has perforated the peritoneal coat of the stomach. The hemorrhage was caused by the erosion of the right gastric artery, which covered over the ulcer.

The situation of the ulcer in the present instance is classical. All the statistics show that ulcer is commonest on the posterior wall, next at the lesser curvature, and next at the pylorus. This specimen fulfills all three requirements.

Some coffee-ground fluid was found in the peritoneum at the autopsy, and yet no inflammation could be made out. When the stomach was removed it was found that the least traction caused a break in the thin floor of the ulcer, and it was, therefore, considered that the ulcer had not perforated during life, but that the perforation was a post-mortem phenomena. The examination was made six hours after death. I would like to suggest that in those instances in which ulcers are supposed to perforate and cause death so rapidly time is not afforded for the devolopment of evidences of inflammation, the perforation may have taken place after death. When one remembers how quickly post-mortem changes in the stomach occur, and how quickly digestion of the organ sets in, it requires but little imagination to make such an explanation seem probable.

In reference to the etiology of the ulcer in this case the blood-vessels coming to the part are very sclerosed. It is significant that an obliterating endarteritis is present in greater degree at this point than in any other part of the body.

*Dr. I. E. Atkinson:* I should like to speak of the last specimen that Dr. Flexner has shown us, and that more in regard to the clinical relation of such cases than to its pathological considerations. Ordinarily, in ulcer of the stomach, we are able to make our diagnosis when we have pronounced hermatemesis. I am surprised at the rarity of this disease, as Dr. Flexner has said I should mention the difficulty of a diagnosis when certain symptoms are present minus the vomiting of blood. I shall relate a case for the purpose of showing that there is undoubtedly a great deal of simple ulcer of the stomach in which a diagnosis is impossible. I saw this case last winter in consultation with Drs. Linthicum and Bosley. I found the patient in a moribund condition, with symptoms of rapidly-developing acute peritonitis. She had been subject to frequent attacks of acute indigestion. The day preceding that on which I saw her she had one of these attacks, which was regarded as quite similar to those seen before. Dr. Linthicum was called again late in the evening, and, to his dismay, he found her in a condition of collapse, with symptoms of peritonitis. There was no vomiting of blood. The only conclusion we could arrive at was that she had had an ulcer, with perforation. She died from the peritonitis within a few hours. Surgical measures were considered, but on the advice of the surgeon were not attempted. I think there must be a number that escape notice during life, for certainly nothing like the proportion as shown by autopsy are known to us clinically.

*Dr. J. D. Blake:* In regard to gastric ulcers I would say that one of the most prominent symptoms we see, and which has not been spoken of in these cases, is pain. As Dr. Atkinson has said, we often find that our diagnosis prior to death is not confirmed by the post-mortem; that is to say, that ulcers exist in stomachs to a certain extent without symptoms. I was asked to see a man upon whom the diagnosis of chronic ulcer had been made because he had intense pain after eating and from which he would suffer for three or four hours, when the pain would subside until more food was taken. I advised looking into the abdomen, and it

was done. I examined the stomach carefully and found that there was no undue thickening and nothing to indicate ulceration. But we did find that the stomach was quite firmly adherent to the liver, the diaphragm, the spleen and omentum. All of these adhesions I succeeded in breaking up except that of the liver, which was very firm. You can see how the stomach was fixed by these adhesions. During the progress of digestion, when the muscular contractions came on, it was so tied that its contraction was very much interfered with. The patient got along very well, and since that time has had no pains at all during the period of digestion, and feels quite comfortable now after eating. This case pointed to gastric ulcer, except that there was no hemorrhage.

*Dr. J. W. Chambers:* It is possible for people to vomit blood when there is no perforating ulcer in the stomach. I saw not long ago a young man, robust and healthy up to four weeks before I was called, when he was collapsed from loss of blood by vomiting. He died from what we diagnosed as ulcer of the stomach, but upon autopsy we found that organ perfectly healthy. I saw another case at the autopsy of a young lady about eighteen, and her family physician and her parents assured me that she had never been ill. About twenty-four hours before the autopsy her physician saw her for an intense pain in the abdomen. Six hours later she was still suffering and was in a state of collapse. She died twenty hours after the first attack of illness. At the autopsy they found a peritonitis, the contents of the stomach free in the peritoneal cavity and a large perforating ulcer on the anterior wall of the stomach. It had made adhesions to the liver, and the probabilities are that the adhesions were broken by a jar which she received on jumping from a street car a few hours before her illness began. The ulcer must have been going for a month or more without giving any concern until this accident occurred. Dr. Blake relieved his case by breaking up the adhesions, and I hope he will tell us how he prevented their reformation, or, if they have reformed, how he can attribute the cure to their breaking up.

*Dr. L. McL. Tiffany:* I think we could not have a better example of the right thing to do than that as told by Dr. Blake. He was not sure of his diagnosis; most people cannot be in such cases, and he opened the abdomen. Where the diagnosis is made of ulcer of the stomach it is a surgical trouble as much as peritonitis, and if the ulcer can be excised I think that is the right thing to do. At any rate, the patient is none the worse off if the peritoneal cavity has been opened for the purpose of making a diagnosis. Not only is it right to examine the exterior of the stomach, but I think it is perfectly right to open its anterior wall and examine it internally. Incisions of the stomach heal very easily. Appendicitis was very hard to diagnose twenty years ago, and so is ulcer now, unless surgical means are employed.

The meeting then adjourned.

H. O. Reik, M. D., Secretary.

---

## THE TRI-STATE MEDICAL ASSOCIATION OF WESTERN MARYLAND, WESTERN PENNSYLVANIA AND WEST VIRGINIA.

MEETING HELD DECEMBER 16, 1897.

The Tri-State Medical Association of Western Maryland, Western Pennsylvania and West Virginia met in the parlors of the Queen City Hotel, Cumberland, Md., Thursday afternoon, December 16, 1897, at 2 o'clock, with a large number of members present. Dr. W. P. S. Henry, of Everett, Pa., the president, was in the chair, and Drs. Lantz and Fochtman, the secretaries, at the desk. The minutes of the summer's meeting were read and approved.

The following gentlemen were elected to membership: Dr. George H. Thomas of Romney, W. Va.; Dr. B. M. Cromwell of Eckhart, Md., and Dr. A. P. Twigg of Flintstone, Md.

A letter of regret was read from Dr. Hunter McGuire of Richmond, Va., who was unable to be present.

*Dr. John B. Deaver* of Philadelphia, Pa., was introduced as the invited guest of the association and read a lengthy, inter-

esting and instructive paper on "Appendicitis."

*Dr. A. Enfield,* in the discussion that followed the paper, said he regarded a faulty diet as the prime cause of the trouble. He strongly condemns the practice of using morphia, as it masks the symptoms and renders the diagnosis difficult. This was in the line of the treatment suggested by Dr. Deaver's paper.

*Dr. Wm. F. Barclay* thought Dr. Deaver's paper the best he had ever heard on this subject, especially the clear enunciation of the diagnosis. Operation should be done early. Physicians too frequently give anodynes in abdominal troubles. Cathartics he regards as better and safer.

*Dr. Richard Gerstell* thinks the diagnosis between typhoid fever and appendicitis extremely difficult in some cases. He related a case exhibiting the difficulty in differentiating the two diseases.

*Dr. J. M. Spear* asked Dr. Deaver if he would not use morphia in cases where operation was not done to relieve pain.

*Dr. Deaver* said he did not use opiates at all, or in very small quantities, and rarely. He prefers castor oil as a mild purgative, and cold in the form of ice bag to the abdomen, which was usually sufficient to relieve pain.

In the diagnosis Dr. Deaver laid great stress on the rigidity of the abdominal muscles.

At the conclusion of the discussion, on motion of Dr. J. J. Wilson, Dr. Deaver was elected an honorary member of the association.

*Dr. Wm. F. Barclay* of Pittsburg, Pa., then read a paper entitled "Medical Literature." (See page 291.)

*Dr. J. J. Wilson* spoke of the great importance of physicians reporting their cases to the medical journals. He plead guilty to the charge of not doing so himself, offering as an excuse a very busy life.

*Dr. H. C. McKinley* related several interesting experiences, and paid the medical journals a high tribute.

*Dr. E. T. Duke* read a paper entitled "Post-Diphtheritic Paralysis." (See page 297.)

*Dr. C. Brotemarkle* asked if the use of antitoxine had made any difference in these paralyses.

*Dr. Duke* referred him to the report of the American Pediatric Society on the use of antitoxine.

*Dr. Wilson* said his experience with antitoxine in laryngeal diphtheria had been very satisfactory. He always uses heart tonics in connection with the employment of antitoxine. Protonuclein he has found, gives very excellent results.

The association adjourned to meet in Cumberland next June.

In the evening an elaborate banquet was enjoyed by the members and their ladies at the hotel, which was to many the most enjoyable part of the day.

## Medical Progress.

Water Purification.—The ever-interesting subject of water purification is scientifically considered by Dr. C. G. Currier in the Medical News, of which the following is a summary:

Water may be very clear and palatable, yet at the same time may chance to be impure. As precipitated by condensation of vapor it is pure. Precipitated from the clouds and sinking into the earth's surface and other natural reservoirs it remains wholesome so long as bacteria capable of inducing disease do not enter it. Bacteria present in almost all natural surface waters remote from habitation are presumably harmless. Harmful micro-organisms tend to perish or become innocuous in course of time after entering ordinary water, yet complex conditions may make the operation of this principle uncertain. If harmful bacteria are known to be present more or less regularly in a given supply, or if the entrance of sewage or other obvious pollution near an intake make its presence probable, it is most necessary to employ adequate filtration or other means of purifying water taken from that place. Distilled water is wholesome if it contain no lead. The receptacles in which this and various originally pure bottled waters are stored and transported are often bacteriologically unclean. Boiling, even for a moment, destroys the causative germs of typhoid fever, cholera and other dis-

eases known to be likely to occur in polluted waters. Ordinary small filters are usually quite inadequate to hold back disease bacteria or any others. All of them allow bacteria to multiply in the filtering substance and to pass through into the filtered water. Reported cases show that ordinary filters can harbor disease germs and cause disease. Small filters of very dense texture, such as the best porous porcelain and also the material used in the Berkefeld filter, can hold back all micro-organisms and thus yield absolutely sterile water for a limited number of days if intelligently cared for. None of these are permanently "germ-proof."

The only permanently germ-proof filter is the natural one formed by immense quantities of fine porous earth, through which "ground water" slowly flows. Filtration by well-managed large gravity filter-beds of fine sand approximates this natural process in efficiency, being capable of rendering the water practically pure. Mechanical filters can accomplish the same result, but are less likely to be maintained constantly in a condition of the highest efficiency.

Ground water, uncontaminated, is hygienically pure, under the conditions indicated above. In very many cases it is the best available source of supply. Free from bacteria as it issues from favorable ground, it frequently becomes contaminated because of carelessness. An outlay of effort and of money, usually much less than would be required for securing a pure surface supply, will eliminate the defect, which is commonly a local one. Open, shallow wells, unprotected from direct pollution by surface washings from privies and other filth, are a notorious source of pollution by, and dissemination of, the germs of typhoid fever and other diarrheal diseases, including cholera whenever and wherever that occurs. If properly located, and provided with a continuous water-tight casing and curb tightly covered, and if it has a good pump which does not necessitate an aperture above ground, even a shallow well can furnish wholesome water.

* * *

Phagocytosis in Relapsing Fever. Wanoff (Centralblätt für Bakteriologie, August 21, 1897), after reviewing the work done in reference to the occurrence of phagocytosis in relapsing fever, records the results of his own researches. He finds that the spirilla of relapsing fevers can be demonstrated both within the white blood corpuscles and free in the plasma. Of those found within the leucocytes some were well stained, others poorly, and frequently only granular masses were demonstrable within the white cell. He believed these granular masses to be the broken up spirilla.

In immunized monkeys he found that the spirilla were only found within the leucocytes and never free in the plasma. His technique was as follows: Add two to four centimeters of Ziehl's carbol fuchsin to twenty to twenty-five centimeters Roux's diphtheria bacilli stain (dahlia and methylene green with formalin).

The blood specimens were fixed by heating from one to one and one-half hour to a temperature of 110° to 120° C. He calls special attention to the fact that the spirilla are not deeply stained.

* * *

The Preservation of the Hymen.—Some gynecologists assert that in no case should a virgin be examined digitally or with the speculum. Others are less careful. Dr. Howard A. Kelly, in the American Journal of Obstetrics, agrees with Severin Pineau, who said that it was a great crime to rupture the hymen of a virgin. Kelly maintains that a vaginal exploration of a virgin is rarely necessary, for when there is disease of the genital organs the patient may be most satisfactorily examined by the combined method of rectal examination and abdominal palpation.

In cases in which it may seem absolutely necessary to conduct an examination through the vaginal tract a speculum of small caliber may be carefully inserted without harm to the hymen and many manipulations thus carried on.

* * *

Indican.—While the detection of indican in the urine is not indicative of any especial disease, still its presence is always abnormal, and the cause of its appearance should be looked for and removed.

MARYLAND

# Medical * Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Room 606 Fidelity Bldg., Charles and Lexington Sts.
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, FEBRUARY 5, 1898.

**Newspaper Notoriety.**

IT is very noticeable of late how some physicians in Baltimore have taken pains to let their names and their work appear heralded in the daily papers. In one instance it is in the form of an interview, in another an ordinary operation is commented on as if it were something almost unheard of, and in other ways physicians, with an ill-advised desire to make themselves better known to the public, have allowed their names to appear in the daily press. All such actions savor of bad taste and are not characteristic of the highest state of medicine.

Perhaps the least objectionable form of publicity in the paper is the interview when it is desired to make public the opinion of authorities in medicine on some question which is as yet in doubt. Even this form of notoriety, however, is much abused, and many words are uttered more with the object of attracting the public attention than of answering the questions. The public is more and more interested in anything pertaining to health, and persons everywhere are less inclined to take statements from physicians without asking the reason why. This general thirst for knowledge may be laudable, but a person half-instructed is too ready to generalize on too narrow a basis and do more harm than good.

Therefore, for the present at least, it is better to reserve all descriptions for the medical journals, and physicians should use a little discretion in publishing their views and reviewing their work in the daily papers.

* * *

**Prognosis in Heart Disease.**

WITH the use of the stethoscope and other improved methods of diagnosis the slightest variation from the normal in the heart was easily made out, and the prognosis was too often given according to what was heard without reference to the general condition of the person examined. The consequence has been that slight heart murmurs and irregularities were exaggerated and cases were doomed which outlived the heart abnormality and entirely recovered.

Now there has been of late a disposition to go to the other extreme and ignore heart murmurs and other irregularities unless there are such other symptoms and signs as point unequivocally to a diseased condition of the body. It is well known that the loudest murmur is often the least significant, while the slightest one may point to serious trouble. Also, under the excitement of an examination such as that for life insurance, the heart may so act as to cause a temporary murmur which is absent at other times.

All these points should be considered, and when a case comes up for examination it should be looked at on all sides and not be rejected or condemned simply because a murmur is heard. Good judgment and good sense are absolutely necessary in deciding in a doubtful case.

* * *

**The Sheppard Asylum.**

FROM present appearances it looks now as if the bill to change the name of the Sheppard Asylum and increase its endowment was in danger of being lost. This would be a great calamity for a State which is in such dire need of increased facilities for treating her poor insane. It is a shame if in such a good move as this politics should come into play and dishonest methods should be used.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 29, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | . | 21 |
| Phthisis Pulmonalis | .. | 24 |
| Measles | 21 | .. |
| Whooping Cough | 13 | .. |
| Pseudo-Membranous Croup and Diphtheria. | 37 | 4 |
| Mumps | 2 | .. |
| Scarlet Fever | 22 | .. |
| Varioloid | .. | .. |
| Varicella | 4 | .. |
| Typhoid Fever | 3 | 3 |

Chicago has a neurological society.

The New York Union Library paid $150,000 for the library of Dr. Thomas Addis Emmett.

The Epileptic Colony Farm for Pennsylvania has been opened at Oakburne in that State.

Dr. Clotworthy Birnie of Taneytown has been appointed a member of the State Lunacy Board.

The next meeting of the Louisiana State Medical Society will be held at New Orleans May 10, 11 and 12, 1898.

The death is announced of Dr. George Hammond of Anne Arundel county, Maryland. Dr. Hammond was a graduate of the University of Maryland in 1854.

The pharmacists of Maryland are attempting to have passed at the State legislature a law the object of which is to better protect themselves and the public.

The State Live Stock Sanitary Board of Maryland is fathering a new bill to stamp out tuberculosis in cattle in Maryland. The bill is bitterly fought by cattle-owners and dairymen.

Dr. Theophilus Parvin, the eminent obstetrician and gynecologist of Philadelphia, died at his home last Saturday, aged seventy-two years. Dr. Parvin was graduated from the University of Pennsylvania in 1852, and at the time of his death he was professor of obstetrics and gynecology at Jefferson Medical College.

Mr. Dawson Williams, assistant editor of the *British Medical Journal*, is a candidate for the position made vacant by the death of Mr. Ernest Hart. Another candidate is Dr. Robert Saundby of Birmingham.

The New York legislature is entertaining a bill to regulate the working hours of drug clerks and thus attempt to prevent, in compounding, errors supposed to be due to mental exhaustion from overwork.

Dr. Jules Emile Péan, the celebrated surgeon, died at Paris last Sunday. He had practiced medicine in Paris for almost a half-century and had occupied many hospital and public positions of trust and honor. Dr. Péan was sixty-eight years old.

Governor Lowndes has appointed Dr. William H. Welch of the Johns Hopkins University on the State Board of Health. Dr. Welch at first refused, but was afterwards persuaded to accept. Dr. John Morris succeeds himself, and Mr. Frederick H. Smith fills out the unexpired term of Mr. Henry Brauns, resigned.

Berlin University has now more students than at any time since its foundation. The number was 5,515 in the winter of 1896-1897 and 4,955 in the summer of 1897, but it has now risen to 5,921. The distribution of the students in the various faculties is as follows: Theology, 448; law, 2,000; medicine, 1,291, and philosophy, 2,182. To the number of medical students there must be added 268 pupils of the Army Medical School, who have the same curriculum as the other students, but are reckoned as military men and not as civilians.

The Book and Journal Club of the Faculty held a meeting last Wednesday night at which Dr. William H. Welch related "Some Recent Observations on the Sources of Hippocratic Writings," and Dr. Robert Fletcher, of the Surgeon-General's Library at Washington, read a paper on "A Tragedy of the Plague of 1630 in Milan." The meeting was followed by a smoker and light refreshments were offered. The Book and Journal Club, which is an informal organization in which each member voluntarily contributes $5 a year, received last year $615, or $100 more than in 1896, and with this fund many new and important books and journals have been added to the State Faculty Library. During the two years of the existence of this organization about $1200 worth of books and journals have been put on the shelves of the library.

## Washington Notes.

The pure food bill has passed the House. The measure is intended to prevent the sale of adultered commodities in the District.

Dr. W. Given Suter has been appointed by the faculty of the National University to lecture upon hygiene. Dr. C. E. Yount has been appointed assistant to the chair of chemistry.

Much activity is shown at the headquarters of the committee in charge of the Pure Food Congress. Over a thousand invitations have been sent out to those entitled to representation, and many delegates have already been appointed by the State governors and State food, dairy and agriculture departments.

The sanitary measures inaugurated in the District have been effective in arresting the increasing mortality of typhoid fever. The number of deaths from typhoid in 1896 was 240, while in 1897 there were 153. The death rate is greatest in the northeast section, being 8.76 to the 10,000, while in the northwest it is 1.71 to the 10,000.

The *National Medical Review* will have a department devoted to Military Medicine, Surgery and Hygiene, edited by Col. William H. Forwood, Assistant Surgeon-General U. S. A., and a department of Clinical Diagnosis under the charge of Dr. Charles E. Simon, of Baltimore, and Andrew Stewart, Ph.D., of Washington, this city.

Annie E. W. Frazer has brought a suit for $10,000 damages against the Central Dispensary and Emergency and Drs. Snyder, Hool and Turner for unprofessional treatment. The lady states that she slipped on the ice and broke the bones of her left wrist and arm. Next day she went to the hospital for treatment, and the physicians mentioned treated her for a sprain and did not set the broken bones, resulting in serious and permanent injuries.

At the last meeting of the Medical Society of the District Dr. Norton presented a paper upon "Arthritis Deformans," cases and specimens;" Dr. Forwood, "Excision of the Long Saphenous Vein;" Dr. Balloch, "Amputation of Penis for Epithelioma and Strangulated Umbilical Hernia;" Dr. Adams, "Diphtheria in a Child with Typhoid Fever;" Dr. Lamb, specimens and photographs; Dr. Smith, "Strangulated Femoral Hernia and General Malignant Disease."

## Book Reviews.

A System of Practical Medicine by American Authors. Edited by Alfred Lee Loomis, M. D., LL. D., Late Professor of Pathology and Practical Medicine in the New York University, and William Gilman Thompson, M. D., Professor of Medicine in the New York University, Physician to the Presbyterian and Bellevue Hospitals, New York. Volume III: Diseases of the Alimentary Canal—Diseases of the Peritoneum—Diseases of the Liver and Gall-bladder—Diseases of the Spleen—Diseases of the Pancreas—Diseases of the Thyroid Gland—Chronic Metal-poisoning; Alcoholism; Morphinism, etc. Illustrated. Lea Brothers & Co., New York and Philadelphia. 1898.

The third volume of the Loomis-Thompson System maintains the high standard of the first two volumes. The chief subjects considered are affections of the digestive organs, among which we must pick out specially for commendation the sections on the stomach by Stockton and Jones of Buffalo, and on the liver by Graham of Toronto. To the article on appendicitis by McNutt of San Francisco we would like to call the attention of those who claim this disease for the surgeons.

There are certain anomalies of arrangement in this volume. We cannot see why such infectious diseases as anthrax, glanders, rabies and actinomycosis should be considered in a short section by themselves, far away from the other infectious disorders, and why, under miscellaneous subjects, hemophilia and filiariasis should be in one section, save for convenience, as both articles were written by the same man. Vaughan contributes admirable articles on food-poisoning. Almost on the same day Volume XIII of the Twentieth Century Practice arrived, in which this author has also written on the same subject. They are worthy of careful study.

Traumatic Injuries to the Brain and its Membranes, with a Special Study of Pistol-shot Wounds of the Head in their Medico-Legal and Surgical Relations. By Charles Phelps, M. D., Surgeon to Bellevue and St. Vincent's Hospitals. With forty-nine illustrations. D. Appleton & Co., New York. 1897.

The author's preface says: "This work is designed to be a concise and systematic exposition of the injuries which the brain suffers from external violence," and that it is based essentially upon an observation of 500 consecutive cases of recent occurrence. The work opens

with a classification of cranial injuries, and then the pathology, symptomatology, diagnosis, prognosis and principles of treatment are considered, constituting six chapters of 232 pages. The second part begins at Chapter VII, and concerns the medico-legal relations of pistol wounds of the head; 100 pages are devoted to this part of the work, which is largely experimental in character and is handsomely illustrated. The surgical relations are discussed in Chapter VIII, briefly and clearly, and the last 200 pages are devoted to an exhibition of the condensed histories of 300 intracranial traumatisms. The book is an excellent epitome of the subject of cranial and intracranial injuries.

THE PRINCIPLES OF BACTERIOLOGY: A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene and Director of the Laboratory of Hygiene, University of Pennsylvania. Fourth Edition, enlarged and thoroughly revised. Philadelphia and New York: Lea Brothers & Co. 1897. Price $2.75. Pp. 542.

The demand for a fourth edition of this excellent work within such a short period evidences the esteem with which Dr. Abbott's book is held by the student and teacher alike.

Many excellent additions to the text have been made, notably in the sections upon the micrococcus of gonorrhea, the bacillus of bubonic plague and the bacillus of influenza.

We, however, fail to find any reference to the Boas-Oppler bacillus. It is to be hoped that with future editions new illustrations, more accurate to life, of the gonococcus and the bacillus of diphtheria may be added.

The volume is, upon the whole, a most excellent one, and should be upon the laboratory table of every student and physician.

## REPRINTS, ETC., RECEIVED.

Some Remarks Upon the Uric Acid Diathesis and its Treatment. By Charles F. Craig, M. D. Reprint from the *New England Medical Monthly.*

On Tuberculosis of the Esophagus, with the Report of a Case of Unusual Infection. By Claribel Cone, M. D. Reprint from the *Johns Hopkins Hospital Bulletin.*

A Preliminary Report on the Use of "Antivenene" in the Treatment of Leprosy. By Isadore Dyer, Ph. B., M. D. Reprint from the *New Orleans Medical and Surgical Journal.*

## Current Editorial Comment.

### SELF-DOSING.

*Baltimore American.*

A GOTHAM woman is dead in consequence of her tendency to take medicine prescribed by her friends. Amateur practitioners are the most deadly illustrations of what devastation can be wrought by means of good intentions. Prescribing in a friendly way is a form of misguided philanthropy whose extent is apt to be run into the ground along with its victims.

### MICROSCOPICAL EXAMINATIONS.

*Medical Examiner.*

INSURANCE companies have frequently found it very difficult or impossible to secure satisfactory microscopical investigations of urine, sputum and other human products, when necessary, of applicants for insurance and for other purposes. For this reason, among others, most companies do not require a microscopical examination of applicants where the amount involved is small, relying altogether upon the chemical examination or in some instances none at all. It seems to us that if microscopical analysis of the urine is valuable in any case, it is of equal value in all.

### "SECRET" AND "PROPRIETARY."

*Philadelphia Medical Journal.*

THERE seems to be a great misunderstanding and misuse of these two terms. Some persons use them as if they were interchangeable, and even make the word nostrum synonymous. It would appear unnecessary to say that everything that is advertised must be owned by someone, have somebody as proprietor, i. e., be "proprietary" in order to have someone to pay for the advertisement. Chairs and bicycles and cod-liver oil, if they have the distinctive name of a certain maker attached to them, are proprietary preparations. We have heard copyrighting spoken of as if it were something wrong and shameful, whereas in itself it has no ethical significance whatever. It is only a brand of the manufacturer. It is the possible secrecy of the copyrighted article, or the abuse of the method of copyrighting, that makes wrong. In reference to drugs, for example, the manufacturers may conceal the nature of the ingredients, and such things then become secrets; in this case we say it is unprofessional to use or to advertise them.

# PROGRESS IN MEDICAL SCIENCE.

For vaginal irritation Dr. Bloom of the Philadelphia Polyclinic recommends a tampon soaked in a solution of thiol one part, and glycerol two parts.

---

Destroy Sputum Germs.—"Beside tuberculous bacilli there are many organisms—staphylococci and streptococci for instance—that are pathogenic when deposited on a receptive soil." Destroy all sputum germs by keeping Platt's Chlorides in the cuspidors.

---

The Keeley Treatment for the cure of the Liquor and Drug habits restores the nervous system to its normal condition and places the patient just where he was before he became addicted. For further information address The Keeley Institute, 1418 Madison avenue, Baltimore, Md.

---

Obstinate Constipation.—I used Chionia, a teaspoonful three times a day and at bedtimes in a case of long standing, obstinate constipation. The first three nights I directed a hot-water enema to be given every night. This treatment brought about regular and spontaneous evacuations and resulted in a complete cure.—E. T. Bainbridge, M. D., Lickton, Tenn.

---

A Cardiac Stimulant.—I take pleasure in offering my testimony to the great value of Cactina Pillets in cases of weak and irregular action of the heart. I have used them for four years and have never been disappointed in them. They not only stimulate the heart, but improve that organ permanently. I find them very useful in all cases of typhoid fever and pneumonia.—C. B. Matthews, M. D., Kent, Indiana.

---

Grippe.—Grippe invariably renders the stomach irritable and the nerves sensitive. In order to avoid any disturbing effects from internal medication, the inner parts of the thighs and the abdominal surfaces should be first sponged with alcohol, then with Tongaline Liquid and hot cloths saturated with the remedy held in apposition by oiled-silk bandages, heat being applied by hot-water bag or other convenient method to facilitate absorption.

Phthisis.—The rapid emaciation and exhaustion observed in many cases of pulmonary tuberculosis can frequently be arrested by the addition of Somatose to the diet. Its action here is to stimulate the appetite, to counteract the nitrogenous waste, and, by increasing the vital resistance, to check the inroads of the morbid process. In cases of phthisis attended with exhausting diarrhea the beneficial effects of Somatose have been generally recognized, both with reference to its local action upon the gastro-intestinal tract and its action upon the general health.

---

Leinol.—This preparation is a combination of Ol Lini with Acid Hydrocyanic in the form of a perfect emulsion. To each fluid ounce is added four drops of sulphate of codeine. It is the modified formula of Prof. Wm. H. Thomson of the University of New York, and is especially indicated in childhood and old age. The numerous letters received by the Norwich Pharmacal Company, who manufacture it, are almost unanimous to the point that it is extremely pleasant to the taste, that it increases the appetite and dispels night sweats. In winter coughs, colds and bronchitis its action is all that could be desired.

---

Epidemic Influenza.—Influenza is an acute infections disease, which remains latent in unknown regions for many years, only to make its appearance epidemically or endemically. Climate and season seem to bear but little weight on the spread of this disease, although it has been noticed that the epidemics seldom occur in summer. The treatment is mostly symptomatic. I give in the beginning, as in all infectious diseases, a laxative, preferably calomel, in doses of two to five grains for adults (one-tenth the amount for children). Formerly I employed internally and given three to four times daily: Quinine, three grains; antifebrin, four grains; antipyrin, ten to fifteen grains; sodium salicylate, ten to fifteen grains. Since 1890, however, I use almost exclusively salipyrin not only in influenza, but also in ordinary cartarrhal affections, rheumatism and neuralgia. I prescribe as an evening dose fifteen grains (seldom twenty to thirty grains), mornings generally one-half that amount, although at times I do give ten to fifteen grains. For children one-tenth to one-half the above-mentioned doses, according to age.—Dr. Aladar Bekess, Vienna. (Translated from *Wiener Med. Presse.*)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 18. BALTIMORE, FEBRUARY 12, 1898. Whole No. 881

## Original Articles.

# FIVE CASES OF PLEURISY WITH PNEUMOTHORAX.

*By David Streett, M.D.,*
Professor of Principles and Practice of Medicine and Clinical Medicine, Baltimore Medical College.

READ AT A MEETING OF THE BALTIMORE MEDICAL ASSOCIATION, OCTOBER 11, 1897.

Having been requested to present at this meeting a subject for discussion I thought I might hope to interest the society by the relation of several cases of an infrequent but serious thoracic disease, or condition, viz., pleurisy with pneumothorax. I venture to remark that it does not fall to the lot of practitioners to see many of such cases, but it is probable all see at least a few. Presenting as it does a condition fraught in many cases with acute and violent symptoms, and in all with a serious outlook, it seems to merit careful consideration.

When we recall that it is an accident of pulmonary tuberculosis, nine-tenths of the cases occurring in that disease, we do not wonder at the gravity of the condition. Neither are we surprised at the fearful mortality when we remember that perforation of the pleura not only causes pleuritis, but generally an infectious pleuritis, filling the pleural cavity with a fluid more or less virulent in different cases, a fluid likely to be absorbed by the pleural lymphatics and to cause serious general infection. Looking at the subject from an etiological or diagnostic aspect, from an unique and often violent clinical history and its almost invariable fatal prognosis, it is always invested with interest.

Case I.—D. S., male, white, aged about thirty-five years, salesman, was admitted to the Maryland General Hospital September 22, 1897. On admission he was found to be suffering from aphonia, marked dyspnea and exhaustion. He was much emaciated and of tuberculous aspect, and had a temperature of 99.1°. The same evening he suffered a slight hemorrhage, which continued for the ensuing two days. His condition prevented a thorough physical examination of the chest at that time.

On September 24 his sputum was examined, but no tubercle bacilli found. On September 25 his condition permitted a more careful examination, which was made. Respiration was 30, pulse 96 and temperature 99°, aphonia present and exhaustion marked. Dyspnea was aggravated by movement in bed. On the right side the respiratory murmur was distinct, bronchial breathing present, but no rales. On the left side diminished respiratory movement and dullness at the base; upper section of the chest showed exaggerated percussion resonance extending over the normal cardiac area and across the sternum. Fremitus was diminished, respiratory murmur absent; amphoric breathing was marked and tinkling plainly heard all over the left side of the chest and across to the opposite shoulder. No splashing sound was heard.

Aspiration with the needle failed to permit any serum, air or gas to escape,

although three punctures were made, one under the angle of the scapula, one in the subaxillary space and one in the second intercostal space anteriorly. Cardiac pulsation was absent from the normal position and heard only in the fourth intercostal space on the right side, immediately under the nipple. The heart was manifestly displaced by the pleural contents. Urinary examination showed the kidneys were normal. At no time could a history be obtained further than that he had been unwell for several months with cough, and that two weeks prior to entering the hospital he had been suddenly affected with pain in the left side, accompanied by dyspnea, and had since grown much worse.

Despite treatment, the administration of strychnia and alcoholic stimulants, he died September 27, five days after admission.

The autopsy made by Dr. Wm. P. Miller revealed depressed intestines, enlarged mesenteric glands, swollen solitary and Peyer's glands, a number of intestinal ulcerations and inflammation of the mesentery and peritoneum. The right pleural cavity was obliterated by adhesions, the left pleura was adherent at the upper and posterior part of the chest, and the left pleural cavity distended with 1500 c. c. of sero-purulent fluid and air. The left lung was compressed, presumably by the fluid and air and retracted. The left pleura was perforated at a point over the anterior surface of the upper lobe of the lung, the opening being fifteen millimeters in diameter and having irregular periphery and surrounded by a zone of partly organized exudate. The perforation led directly into a large cavity, itself in direct communication with the bronchial tubes. The left lung contained numerous cavities; the right was filled with numerous caseous nodules, but no cavities; its base was congested and its bronchi compressed. The spleen was studded with tubercles; the stomach, liver and kidneys were normal.

The bacteriological examination by Dr. Wm. R. Stokes showed the following: Cultures from the lungs yielded colonies of streptococcus pyogenes and bacillus coli communis; cultures from the spleen and kidneys showed the same organisms; cultures from the liver yielded colonies of the bacillus coli communis only; the blood of the heart was sterile. The presence of the bacillus coli communis is not absolutely indicative of ante-mortem infection, since it often enters the blood and organs after death.

The streptococcus pyogenes, however, shows that an ante-mortem infection by this organism existed, probably having its origin in the absorption of the effusion by the pleural lymphatics.

This case had undoubted tuberculosis, although no tubercle bacilli were found in the sputum or contents of the cavities after death. The pleural perforation remaining open, the air within the pleural cavity was of the same density as the atmosphere; hence no air escaped when the hypodermic needle was inserted.

Case II.—Miss M., aged thirty-nine years; previous health good, excepting slight cough. She contracted cold while riding in the street cars in Philadelphia on August 25, 1897. She returned to Baltimore three days later and had a severe chill afterwards. She was first seen by her physician, Dr. E. Schutz, August 28, 1897. He found her suffering from acute pleurisy in the left side, severe pain and marked dyspnea, with a pulse of 100 per minute and temperature 102°. Growing worse, I saw her with him at his request September 9, on the twelfth day of her illness. On our arrival she had marked dyspnea, a pulse of 152 and respiration 40 per minute and a temperature of 103.4° under the tongue, marked facial pallor and moist skin.

An examination revealed diminished respiratory movement on the left side, increased on the right side; vocal fremitus absent on the left, increased on the right; marked dullness at the base of the left lung extending as high as the angle of the scapula, and dullness of a less degree above the angle of scapula. The respiratory murmur was heard over the left lung only on very deep inspiration and then of a bronchial character.

The patient was fleshy, even moderately corpulent. Aspiration was performed immediately, and 1500 c. c. of extremely fetid and thin pus was withdrawn.

This was followed by the escape of gas with rushing sound through the needle of the aspirator into the vacuum bottle. The gas in the bottle was now exhausted and was very offensive. The stopcock was again opened and gas escaped from the chest into the bottle as before. This was exhausted as before and a third time gas was withdrawn from the chest. Great relief followed immediately; one hour later the respiration was 36, pulse 136 and temperature 98.6°. Prior to aspiration the patient had had profuse expectoration. Bubbling was now heard over the base of the lung on deep inspiration, caused no doubt by the air entering the pleural cavity through a perforation below the surface of the liquid. Removal to a hospital and an operation was advised, but declined.

Again growing worse, I saw her with her physician six days later, on the eighteenth day of her illness. Respiration was then 44 per minute and pulse 120 per minute. Examination of the chest whilst in the recumbent position revealed dullness at the apex in front. On sitting up there was flatness at the base as high as the inferior angle of the scapula; dullness above this point and at the upper and anterior portion of the chest. The respiratory murmur was absent except on deep inspiration, and then it was bronchial in character and heard only near the spine and in the subaxillary region. Slight bubbling was heard below the scapula on forced inspiration. No distinct metallic tinkling was heard.

I again aspirated and drew off 1200 c. c. of very fetid pus as before, and as on the former occasion when the pus ceased to flow, gas rushed into the bottle. This was exhausted and filled twice as on the first occasion. The gas was very offensive. Bubbling was now heard at the base.

I did not see her again. Her physician has since informed me that she continued to lose strength, expectorated copious quantities of pus, several times vomited muco-purulent fluid and died September 19, the day after the second aspiration and twenty-two days after the initial chill. No autopsy was held.

In this case there was no history of predisposition to, nor of, acquired tuberculosis, the subject having been in good health prior to the attack.

The upper section of the chest presented moderate dullness instead of exaggerated percussive resonance as in Case I. No distinct tinkling was heard. Pleuritic effusion, but not pneumothorax was diagnosed prior to the first aspiration in this case. The pleural perforation was evidently near the base of the lung and closed during respiration by pressure, permitting the ingress, but preventing the egress of air, thus developing great tension. In Case I the perforation was above the effusion and opened; hence no tension could exist in that case.

This case would seem to have been one in which an operation would have done good had she consented as advised. The appearance of this patient did not favor tuberculosis as an etiological factor, but she gave a history of slight, occasional cough. This being the dominating factor in 90 per cent. of all cases, probably caused this case also; some caseous nodule on the surface giving away and causing perforation.

Case III was a young physician, who had been suffering with laryngeal tuberculosis primarily, the lung subsequently becoming involved. I was called to him one night hurriedly at 11 P. M., and found he had been suddenly seized with pain in the left side, followed by rapidly developing dyspnea. His pulse was frequent and weak, face livid and skin cold. Tympanite resonance was heard over the left side. He sank rapidly and died in three hours after the occurrence of the accident.

Case IV.—Mrs. B., aged about thirty-five years, married, mother of several children, and had been suffering from pulmonary tuberculosis for several months.

She was similarly attacked like Case III; dyspnea was intense, skin cold, extremities blue and face livid. She died in a few hours.

Case V I saw with his attending physician. The pneumothorax had not been recognized, owing, probably, to the omission of the attending physician to make

a daily examination of the chest. In this case there was exaggerated percussion resonance, absence of normal respiratory murmur, amphoric breathing and echo and typical metallic tinkling. I have no notes of this case, and do not know of its duration, but know that the patient died a few days after I saw him.

I have ventured to present this simple record of these cases in the hope that a condition not particularly emphasized as to frequency in our text-books may be brought before the society for consideration.

I venture the assertion that in all probability many cases of tuberculosis are suddenly terminated in this manner without it being recognized or suspected. Cases of advanced tuberculosis are not always examined with that care and frequency they merit. Extreme exhaustion often prevents such examination.

---

# REMOVAL OF DISEASED TUBES AND OVARIES FOR PERSISTENT PELVIC PAIN.

*By B. Bernard Browne, M.D.,*
Professor of Gynecology, Woman's Medical College of Baltimore.

CLINICAL LECTURES DELIVERED AT THE HOSPITAL OF THE GOOD SAMARITAN, JANUARY 5 AND 12, 1898.

THE first patient we bring before you today for operation is Mattie H., single, colored, aged twenty-two; no children or miscarriage; occupation, general housework; menstruated first when seventeen years of age; suffered a great deal of pain before, during and after the menstrual periods, which always continued seven or eight days, and were accompanied with intense headaches. Had profuse leucorrhea, which later became yellowish and creamy in appearance; also had severe pain in the left iliac region.

For these symptoms she entered this hospital January 12, 1897. Upon examination at that time the uterus was found to be retroflexed and adherent, the tubes were tender and slightly enlarged. No gonococci were found in the discharges from the cervix or vagina. The diagnosis of retroflexion and endometritis was made. The uterus was dilated, straightened into its normal position, thoroughly curetted, tamponed with iodoform gauze and a pessary inserted to maintain it in its normal position.

She was discharged well on February 26; was free from pain and leucorrhea and able to attend to her duties as janitress of a large building, where she had to work quite hard, until November 17, when she was readmitted into the hospital, complaining of pain in both iliac regions and in the back. Upon examination the tubes were found in about the same condition as when she had previously entered the hospital. The uterus, however, had remained in a perfectly normal position, but both ovaries were enlarged and tender and not movable by bimanual taxis.

Being a woman who was obliged to earn her living by work, it was decided to remove the tubes and ovaries, and she was accordingly prepared for operation, but an acute bronchitis came on, which necessitated a postponement until today. On account of the danger of bronchitis or pneumonia occurring after the operation, chloroform will be used as the anesthetic instead of ether. I have also requested the resident physician to have her mouth and throat thoroughly disinfected with a carbolized wash and spray and her nose douched with a solution of boracic acid. This has been done twice daily for the past week. In all cases of a catarrhal character this cleansing of the patient's mouth and air passages should be done, as it renders them much less liable to infection from the pneumococci, which are so frequently present in the secretions.

Upon opening into the peritoneal cav-

ity we find the uterus in its normal position, the ovaries are bound down by adhesions, which must be gently broken up. Both ovaries, as you will observe, are very much enlarged and contain large cysts. These cysts are easily broken, and great care has to be taken to prevent them from rupturing into the peritoneal cavity.

Case II.—We now bring before you Mary H., aged 26, single, colored; occupation, school-teacher; one miscarriage at three months, ten years ago; was well until three years ago, when she missed her courses for two months, but denies being pregnant or having had a miscarriage at that time. Since this, however, she has had a great deal of pain in the pelvis and a thick, yellow, creamy discharge; bowels constipated, appetite good. She entered hospital December 29. Upon examination the tubes and ovaries were found very much enlarged and immovable in the pelvis. The discharge from the uterus and vagina was examined, but no gonococci were found. Her urine had been examined on the previous day and found to contain pus; another specimen, drawn with a sterile catheter after the parts around the urethra had been thoroughly cleansed, did not contain any pus. This shows the importance of exercising great care in obtaining specimens of urine from women for examination.

Upon opening the abdominal cavity we find the tubes and ovaries on both sides completely matted together and firmly adherent to the sides of the pelvis. The ovaries are enlarged and cystic, and the tubes contain pus. The organs removed and also those of the first case will be turned over to Professor Cone, the pathologist of the hospital, for examination, and from her you will learn further about the pathological conditions which exist.

January 12, 1898.

Today I will remove the stitches from the abdomens of the women operated on last week. The dressing has been removed, and two hours ago a warm, moist, sterile towel was laid over the abdomen of each patient to soften the silk-worm gut and to make it more pliable and easier to remove.

As you will observe on the charts, the patients have had an uneventful recovery; their temperature has never been above 99°.

The first case, Mattie H., in whom we feared the occurrence of bronchitis or pneumonia, has had no symptoms of either disease.

It is important, however, to bear in mind the danger of pneumonia setting in after the administration of ether as an anesthetic. This danger is greatly increased if the patient is suffering from any bronchial affection at the time of its administration. In such cases chloroform should be preferred as the anesthetic, and the patient's mouth, throat and nose should always be thoroughly cleansed and disinfected for several days previous to the operation, so as to destroy any pneumococci which may be present in the air passages.

---

A Novel Cause of Menorrhagia: Tubal Polypus.—Fraenkel (British Medical Journal) examined a tube from a case of constant uterine hemorrhage, for which the appendages were removed. A large, firmly-attached mass was found in a tube, and it was histologically identical with the true placental polypus often found in the uterus. Incomplete tubal abortion must have occurred, a fragment of the product of conception remaining adherent to the tubal wall.

Hydrocele and Sublimate Injections.—Etienne (British Medical Journal) treats simple hydrocele of the tunica vaginalis by puncture and injection of a 1 in 1,000 solution of sublimate. The injection only causes a little pain in the thighs and the fluid disappears in about a fortnight. Two injections of sublimate without alcohol follow the puncture, and, lastly, a boracic solution is injected. Etienne's twenty-seven cases seem all to have been successful.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD DECEMBER 3, 1897.

THE meeting was called to order by the president, Dr. Wm. Green.

Drs. Walter S. Carswell and Harry Adler were elected to membership.

*Dr. Randolph Winslow* then proceeded to an "Exhibition of Two Cases of Stab-wound of the Abdomen." I have two cases here which I bring in as a kind of supplementary report to the one I made here some weeks ago on gunshot wounds of the abdomen. As is so frequently the case, cases of similar character come in groups, and the points of particular interest here are the almost absolute similarity of the wounds, the men being cut almost exactly in the same place. The colored man is not injured quite so badly as the white man. The colored man is a sailor, and while indulging in a conversation with some friends he received a point of a knife in his ribs. He appeared at the hospital about twenty-four hours after the cutting with the omentum protruding through the wound, which was pretty filthy. Some dry iodoform had been dusted over it to make it filthier still, but otherwise he was in good condition.

A laparotomy was performed at once, and it was found that nothing had been cut except the abdominal wall. The protruding part of the omentum was cut off, and he had no difficulty, except some slight suppuration, which was expected.

The white man was cut while walking along the street. The omentum was found protruding from his wound also, and laparotomy was performed through the rectus muscle. The knife penetrated the stomach in this case, and the hole had to be sutured. He had little or no disturbance, his temperature two days afterward being somewhat over 101°.

The only point in regard to stab wounds of the abdomen is that they do not differ materially from other penetrating wounds, except that they are cleaner cut, and if they cut viscera you find injuries in the line of puncture; whereas, in the case of a bullet the injuries may be a long ways from the point of penetration of the abdomen. One would be safe in a case of stab wound in doing a laparotomy at the site of injury, while in the other case he would not be safe in so doing unless the injury was in the median line. They are simpler injuries to treat than gunshot wounds in the same locality.

My experience with gunshot and stab wounds of the upper segment of the abdomen is that they nearly all get well if opened and properly treated. Some will get well without operation.

*Dr. Wilmer Brinton* then made "A Report of Labor Cases Illustrating the Comparative Value of Pelvimetry."

*Dr. C. E. Brack, Jr.:* I should like to ask Dr. Brinton if he has not found that the measurements laid down in the text-books are erroneous. In looking over the records of 300 cases I found that from nine and one-half to ten and one-half inches was more nearly an average than from ten and one-half to eleven, as is usually given.

*Dr. W. S. Gardner:* Our pelvic measurements are quoted generally from the German text-books, and the German woman has a larger pelvis than her American sister, which probably accounts for this difference.

I have been very much interested in this report. I have measured a considerable number of pelves in this city, and the number of contracted ones corresponds more nearly with the statistics given by Dr. Brinton than with any I have before heard. One point which Dr. Brinton mentioned was that he thought the small percentage which he found was due to the fact that 70 per cent. were in colored women. I think the probabilities are that you would find a larger percentage among colored women than in white ones.

There is one point about the conjugata vera that is constantly overlooked in practical work, that is, that the length of the conjugata vera will vary about a half-inch according to the position in which you have the woman's legs at the time the measurements are made. If the mistake is made of flexing the legs upon the thighs and the thighs upon the abdomen you will contract the conjugata vera about a half-inch. A better position is to

extend the legs by letting them hang open as much as possible.

*Dr. W. J. Todd:* I should like to say that in 1889 and 1890 I reported 100 consecutive cases of confinement, and in using the pelvimeter I had found in eighty-nine of these that the average measurements were nine and one-third inches for the anterior spinous processes, ten and one-third for the crest of the iliums and seven and one-eighth for the conjugata vera. During the next year Dr. Allen reported 100 cases, with average measurements of nine and one-third, ten and one-third and seven and three-sevenths inches.

*Dr. Gardner:* In the taking of measurements the important element of personal equation is apt to appear and detract very much from their value.

*Dr. Brinton:* I believe the woman who lives in Austria or Germany has a pelvis like a man when she comes here, because she has been compelled to work like a man. I believe I have measured more pelves than either Dr. Dobbin or Dr. Williams, and that my measurements have been fairly correct. Dr. Brack's statement is correct that the measurement is not so large as generally stated. I believe that in many cases we can predict, by pelvimetry plus palpation of the child through the abdominal wall, whether or not it will be a forceps case. These cases reported have been cases in which we predicted in the presence of a class of men that they would be forceps cases simply because we found the pelvis smaller than they should be and the child no larger than usual. We must always take into consideration the size of the passenger. A few years ago I had to leave town for a few days, and left a patient who had very small diameters. She had never weighed more than ninety-one pounds. We decided that the child was a very small one. After being in labor one day the child was delivered and weighed four and one-half pounds. If it had been a seven-pound child forceps would have been necessary.

*Dr. Todd:* I should like to include in that class of physicians "who do not use antiseptics" the physician who says he does not expose the mother. One physician in describing a case said to me recently that he knew the head was born because he saw the sheet move.

*Dr. W. S. Gardner* reported "A Case of Actinomycosis."

*Dr. John Ruhräh* made a "Pathological Report on the Same Case."

*Dr. William Osler:* This is of great interest to us, and we must congratulate Dr. Ruhräh on having discovered this specimen. I think there is no doubt that the disease is comparatively rare in this country. It is just twenty years since I became acquainted with it. That winter I began demonstrating the disease in the Veterinarian Hospital of Montreal. We had no trouble in securing lump-jawed cattle, and it makes a very impressive demonstration. I am sorry I did not bring down this evening a beautiful drawing I have illustrating it.

I have seen cases in Europe and one case here. So I have been familiar with the disease, but I have never had a case under my own personal care. I have over and over again in doubtful cases of tumor about the jaw, chest and stomach turned to my students and said this may be the actinomycosis which I have been looking for so long. I feel sure I should not have overlooked a case. I would like to ask Dr. Ruhräh if the fungus has ever been found on grain.

*Dr. Ruhräh:* No, sir; I believe not.

*Dr. Osler:* It is interesting in going through an old museum to note how this condition of the liver has been labeled "Tumor of the Liver of Unknown Character." When one has seen it there is nothing else like it.

*Dr. N. G. Keirle:* I agree with what Dr. Osler has just said. I made the post-mortem in Dr. Latimer's case. The appearances were anomalous and unlike anything I have been accustomed to see. Sections were made, and on seeing the plump arrangement I suggested to Dr. McCleary that it might be well to look for actinomycosis. The specimen passed into the hands of Dr. Welch, who subsequently reported that it was actinomycosis.

*Dr. C. O. Miller:* I have been very much interested in one feature of this report, that is, that there have been so few cases

reported in America. I had the opportunity to see a case about two years ago, and I did not report it because I did not know that it was so very rare here. Dr. Tiffany had operated upon a man for a sinus, or possibly it was a lump, somewhere about the neck. The specimen was examined in our laboratory and demonstrated to the students. There was no question in that case of the nature of the trouble. I had seen it previously in cattle and its appearances here struck me at once.

*Dr. Ruhräh:* In regard to the existence of the fungus upon grain, while it has not been actually demonstrated it has been shown in Sweden that the disease is more common in cattle that feed on marshy lands than elsewhere. I have been collecting all the American cases, and if anyone knows of a case that has not been reported I should be very glad to have notes of it.

The society then adjourned.

H. O. Reik, M. D., Secretary.

## RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD DECEMBER 21, 1897.

Regular meeting held December 21, 1897, Dr. J. N. Upshur, president, in the chair; Dr. Mark W. Peyser, secretary and reporter.

Election of officers for the year 1898 resulted as follows: Dr. M. D. Hoge, Jr., president; Dr. E. C. Levy, first vice-president; Dr. A. L. Wellford, second vice-president; Dr. A. C. Palmer, third vice-president; Dr. Mark W. Peyser, secretary and reporter; Dr. W. H. Parker, assistant secretary; Dr. R. B. Teusler, treasurer; Dr. R. W. Nichols, librarian.

*The President* reported a case of "Vomiting of Blood by One-day-old Infant," the like of which, he said, he had never seen before. On Sunday afternoon, 19, he delivered a primipara, after an easy labor, of a girl baby weighing six pounds. It nursed heartily, and there was no indication of trouble for twenty-four hours, when it threw up blood and colostrum. The history of the parents was unexceptional. Within a few hours after vomiting there were frequent operations containing large amounts of meconium and blood. The skin and mucous membranes were pallid, the fontanelles depressed and sutures prominent. He was at a loss to account for the hemorrhage, but his idea was that there existed engorgement of the liver, with congestion of the portal system and hyperemia of the stomach and bowels. Thus, he prescribed calomel, two grains, and chalk, one grain, divided into ten powders, one powder given every hour. This afternoon (21) the child was getting under the influence of the calomel, and as a result there was less blood in the last three operations, and the child was progressing very satisfactorily. After mentioning the case to several medical friends who had never seen or heard of such a case, he consulted the American Text Book on Children and found reports of several cases, with suggestions of just such treatment as he had given.

*Dr. George Ross* said that in the past week he had had the only case of fulminating appendicitis he had ever seen. The patient was a man aged twenty-one, of feeble physique, night operator of the long-distance telephone. He had had bronchitis and recovered. On the night before his death he seemed perfectly well. When seen at 3 P. M. there was a temperature of 102.5°, pulse 130 and marked tenderness. At night the temperature was 101.5°, pain diminished, but general condition unfavorable. A consultation was held, with the result that the patient was taken to Virginia Hospital, but died before he could be placed on the table.

*Dr. Edward McGuire* said he had seen a large number of cases of appendicitis, and had reached the conclusion that no single symptom could be relied upon to determine an operation. In the case of Dr. Neblett there was suppurative peritonitis, with a necrotic appendix. He had been improving, and on the evening of his death was thought to be out of danger, but he was seized with convulsions, and in three hours was dead. The urine was loaded with albumen.

Last Monday morning he saw a young man who had had a cramp the night before while on the train. There was a regular pulse and no fever. On the right side was a little tenderness. The bowels were free, but he had vomited. Think-

ing it was cholera morbus, calomel was prescribed. In the afternoon, upon making a second visit, was found increased tenderness, with a temperature of 100 4-5°. Appendicitis was diagnosed and the patient taken to Virginia Hospital and operated upon the next day at 1 o'clock. A necrotic appendix was found. Recovery ensued. Dr. McGuire said, in conclusion, that he had again and again seen cases where the symptoms were slight, but the course of the disease bad. He thought if all cases could be operated upon within twelve hours mortality would be reduced 1 per cent.

*Dr. W. T. Oppenheimer* observed that in the fulminating form the appendix was always occluded next to the cecum, distension resulting from accumulation of gas or pus. In a number of cases the appendix could be cut off and no opening seen; therefore he believed that in these the organ could be taken away close to the cecum, no escape of pus resulting because of the agglutination. It was possible that a ligature was not necessary in these instances, and not applying one would prevent secondary hemorrhage. He had observed cases without fecal fistula, in which the appendix had sloughed off and was floating in pus. Never having seen the point mentioned in any literature, he was of the opinion that it and the question of ligature should be investigated.

*Dr. Hugh M. Taylor* thought appendicitis capable of furnishing a greater number of surgical surprises than any disease with which he was familiar, and while it had claimed the lion's share of professional thought for the past ten years, we were only upon the threshold of knowledge as regards many of its most important phases. Its etiology was an open question; a terminal circulatory supply; a short mesentery; a structure of feeble resistance; an estuary in the fecal current often blocked, and an ever-present micro-organism were credited as etiological factors; but we must ascertain more of its causation before we could hope to do anything in the way of preventing it. Ideal surgery was, of course, preventive surgery, and it was to be hoped that future evolution of the subject might attain such an end. Individual and collective professional opinion as to appendicitis—its etiology, symptoms and treatment—presented a succession of acrobatic changes. He thought he was correct in claiming that many more conservatives were becoming radical in their views as to the importance of early operative interference and thorough work whenever the condition of the patient warranted. His experience fully sustained the conclusion that an early resort to operation found the patient sufficiently strong to endure complete work, i. e., strong enough to bear the prolonged anesthesia, removal of the appendix and pus cavity, unmatting of the bowels, resection of infected omentum, etc. He would impress the idea that an early operation was conservative in that it sought to prevent pus collections and adhesions of the appendix, bowel and omentum and the serious complication of septic, purulent or fibrino-plastic peritonitis. He contended that at some time in the history of every case of appendicitis it was entirely a local phlegmon, and this was the elective period for operative interference.

Some of his friends, medical John Jaspers, rarely saw cases of appendicitis, and never met with cases calling for operation. When a practitioner of experience told him he never had torn perinei he felt like telling him, "Your eyesight is defective," or, "You do not lift up the sheet to look." So when a man told him he never met with cases of appendicitis he was tempted to urge him to study its symptoms, and was almost willing to promise him acquaintance with a surprising number of cases.

Typical appendicitis should be as easy to diagnose as typical pneumonia, typical typhoid fever, etc., but, unfortunately, we met with a good many cases which were atypical, and in this class the differential diagnosis was not always easy. Three conditions in the right half of the abdomen and pelvis notably presented symptoms simulating some one of the clinical types of appendicitis. He alluded to gall-tract and tubo-ovarian inflammations and displaced right kidney, with renal or Dietle's crisis. The diagnosis was, of course, easier in men, inasmuch

as cholelithiasis and its consequences—cholangitis, cholecystitis, empyema of the gall-bladder and gall-tract colic were so much more frequent in women. Displaced kidney and its effects were likewise more common in women, and usually occurred on the right side. Inflammation and suppuration from tubo-ovarian disease, and that incident to appendicitis, might present symptoms in common, but usually the differentiation could be made. The intimate lymphatic and vascular connection between the right broad ligament and the meso-appendix should be borne in mind, as it explained the frequent co-existence of appendicitis and right tubal inflammation. Conditions less frequently and less positively obscuring diagnosis of appendicitis were typhoid fever, ileus, intestinal indigestion, tubal gestation, gastric ulcer, hysteria, etc. He had at the present time two cases of phantom appendicitis. In both he was satisfied that the morbid condition existed only in the nervous system. Both patients were able to simulate many of the symptoms of appendicitis, as localized pain, muscular rigidity, etc. He was obliged to anesthetize one in order to satisfy himself as to diagnosis, while the other spent sleepless nights and anxious days, and upon one occasion implored him to operate, so that he need not endure another such night of agony.

*Dr. Edward McGuire* said if Dr. Oppenheimer's suggestions were followed there would be liability to secondary infection. He had seen fecal matter in more than one instance in such cases.

## SECTION OF OPHTHALMOLOGY, COLLEGE OF PHYSICIANS OF PHILADELPHIA.

MEETING HELD JANUARY 18, 1898.

MEETING of the Ophthalmic Section of the College of Physicians of Philadelphia, January 18, 1898, Dr. Wm. F. Norris, chairman, in the chair.

*Dr. G. E. de Schweinitz* detailed the history and exhibited a water-color drawing of a "Case of Chancre of the Ocular Conjunctiva." The patient was a physician, thirty-five years of age, who had become infected during attendance on a woman in her confinement. The manner of the vaccination was uncertain. It was not known that the patient was syphilitic. During the delivery the physician's face was splashed by some of the discharge and was immediately wiped by an officious bystander with her apron. In a few days an apparently innocuous conjunctivitis developed, and was treated as a simple inflammation with atropine and antiphlogistics. Six weeks after infection, when Dr. de Schweinitz first saw the case, a typical chancre had appeared on the ocular conjunctiva above the cornea, the lymphatic glands of the face and neck were swollen, and on the skin of the chest and limbs was an abundant erythematous eruption. The cornea, iris, ciliary body and the other structures of the eye were not involved. Under mercury protiodide the symptoms were greatly ameliorated in three weeks. The speaker alluded to the comparative rarity of primary syphilitic ulcers on the eye and lids, and quoted Bulkley's statistics, which showed that of 9,058 cases of extra-genital chancre but 4.1 per cent. were ocular. Among ninety-four cases of chancre of the eyelids and conjunctiva collected by Dr. Beck six developed on the ocular conjunctiva.

*Dr. C. A. Veasey* reported a "Case of Bilateral Syphilitic Ulceration of the Palpebral Conjunctiva." A male, aged twenty-eight years, presented swollen upper lids that were intensely red near the ciliary borders and in which the tarsi were thicker, harder and less pliable than normal. Upon inverting them there were found, symmetrically situated on the external halves of the palpebral conjunctiva, two extensive, irregularly outlined phagedenic ulcers, that extended from near the centers toward the external angles. They were nearly two centimeters long and one centimeter broad, and had undermined edges, permitting the insertion of a probe in some places as deep as half a centimeter. The tarsi were not involved in the ulcerative process. The patient was in the secondary stage of syphilis, having a papular eruption on his body and mucous patches in his mouth. The ulcers, as well as the other symptoms, were completely healed in two

months under the administration of protiodide of mercury, without distortion of the lids. The condition of the latter was unchanged six months later.

*Dr. W. F. Norris* and *Dr. S. D. Risley* stated that the low percentage of ocular cases was due, in some part, to the fact that many cases were never reported, and alluded to several cases that they had seen in the clinics of Vienna that had not been published.

*Dr. S. D. Risley* exhibited a case of "Monocular Optic Neuritis." W. J., aged twenty years, admitted to Wills Hospital December 27, 1897, who stated that on awakening in the morning one week before, he was unable to see well with his right eye, and there had been no change since that time. He had no pain or headache, but complained of "neuralgia" when he attempted to see with the right eye alone. In the left eye vision was normal, and the ophthalmoscope showed a perfectly healthy fundus. In the right, however, were presented the typical appearance of a choked disk and vision 6/xl. The most prominent part of the nerve was seen with + 5 D. There were several flame-shaped hemorrhages, and the retina was infiltrated throughout a large area surrounding the nerve. The veins were very large, the lower temporal especially being distended to double its normal size. The pupils were equal in size and reacted normally, both separately and consensually, and muscular equilibrium was preserved. Repeated examinations of the urine gave negative results. There was no apparent rise of temperature, and no symptoms pointing to meningeal, cerebral or orbital disease. The young man did not suffer from insomnia or loss of appetite, the tongue was clean and the general health was apparently perfect. No cause could be assigned for the optic neuritis. There was no scotoma, but a slight contraction of the temporal and a sharp cut in the lower nasal field for form. He was placed in bed and given a calomel-and-soda purge. Blood was taken from the right temple on alternate days, and one dram of mercurial ointment was rubbed into the skin twice daily. On January 5 vision had risen to 6/xv, on the 10th to 6/xii and on the 17 to 6/vii½. No new hemorrhage had occurred while under observation. The infiltration of nerve and retina were still present, but the swelling had subsided, so that the most prominent part of the nerve was + 1 D. The gums had begun to show evidence of ptyalism; therefore on the 16th the mercurial inunctions were omitted and ascending doses of potassium iodide substituted.

*Dr. Charles Shaffner* had in similar cases of unilateral neuritis referred the cause to a circulatory disturbance when disease of the heart was present, and in young women to menstrual disorders.

*Dr. H. F. Hansell* suggested that the young man had suffered from a hemorrhage in the sheath or tissue of the optic nerve, caused by violent muscular exercise, such as bicycle-riding. He had noted two such cases in his practice. In favor of this view he cited the unilateral character and the speedy cure in Dr. Risley's patient.

*Dr. S. D. Risley* exhibited two specimens of "Sarcoma of the Choroid," mounted in formalin after the method of Priestly Smith. The patient had been brought before the section at the meeting in April, 1897, with beginning detachment of the retina, which was diagnosticated as due to a rapidly-growing tumor near, but anterior to, the equator of the globe at the nasal side. The ball was enucleated in May, hardened for two days in a 10 per cent. formalin solution and then cut, without freezing, with a very sharp, hollow-ground razor, the section passing through the optic nerve, tumor and pole of the cornea. The two halves of the ball were then mounted in formalin after the manner of, and in the cups devised by, Mr. Priestly Smith. They were exhibited not only as confirming the diagnosis made before enucleation, but to illustrate the great convenience and efficiency of the method of mounting and preserving sections of the eyeball. Dr. Risley urged that the excellent condition in which the specimen was preserved illustrated a number of valuable practical points. First, that the section was made successfully without freezing, and that the parts all remained *in situ*. To accomplish this he thought the

method of making the section was important. If begun in the equatorial region there was great probability of the retina being detached by pushing it before the edge of the knife. This was much less liable to occur if the cut was made first through the optic nerve and carried forward by a gentle to-and-fro movement of the razor, as the retina and choroid were firmly attached at this point. A second point of much interest was illustrated by comparing the two halves of the specimen mounted in separate cups. In one the vitreous was opaque and quite obscured the ciliary processes and choroid, although the tumor was well shown lying with its cut surface in contact with the surface of the glass. In the other the vitreous was transparent, so that every detail of the interior of the ball, including the tumor, with its sharply-defined surrounding retinal detachment, could be carefully studied. This difference Dr. Risley believed to be due to the strength of the formalin solution which was used in the mounting. In the specimen with the opaque vitreous an approximately 5 per cent. solution was employed. The vitreous at once became cloudy, the opacity steadily increasing for a few days until the present state was reached. Hoping to avoid this in the other half of the ball, the strength of the solution was reduced to about one-half of 1 per cent., with the result shown in the specimen. That this strength was sufficient to preserve the tissues seems demonstrated by the fact that the section had remained in perfect condition since the preceding May, about seven months, which had included the hot summer season. He had not as yet attempted to verify this result by further experiment.

*Dr. G. C. Harlan* showed a man, twenty-five years of age, with a high degree of keratoglobus. The diameter of the corneae, which were clear, was fifteen millimeters. The irides oscillated very freely, but the lenses were not luxated. The eyes were hyperopic and with correction vision = 20-20. In the left there were large and small fissures of the iris, through which the fundus could be seen.

*Dr. Edward Jackson* described three "Tests for Simulated Monocular Blindness." The first was by placing in front of the seeing eye two cylinders with their axes perpendicular to each other, producing no cylindrical effect, while before the alleged blind eye a correcting lens was placed. After the patient had found that he could see with his good eye through these glasses, he was made to read the test card, and while doing so one of the cylinders was turned so as to exclude that eye from vision. In the second test, the accommodation being absent, lenses were placed before the two eyes, the one before the good eye giving most distinct vision at twenty inches, the one before the bad eye giving most distinct vision at ten inches. The patient was then asked to read fine print, and his preference for ten inches proved that he read with the alleged blind eye. The third test was by holding before one eye a six-degree prism with the base to the temple. If both eyes saw the one behind the prism turned in, and on removing the prism again turned out, the other eye remaining fixed. If one eye were blind, the prism held before the good eye caused both to move exactly alike, but when held before the blind eye it caused no movement in either.

*Dr. Harlan* said that the idea of using the prism as an objective test by watching the motion of the eye behind it, and on its removal, was a very old one, though he believed it had not before been carried out exactly in the manner referred to by Dr. Jackson. The great difficulty with subjective prism tests is that an intelligent and experienced simulator can protect himself against them by simply winking one eye. This necessitates a multiplicity of confusion expedients, one of the most recent and most ingenious of which has been suggested by Baudry. Its object is to produce monocular or binocular diplopia at will without exciting the suspicion of the examined. The base of the prism is cemented to a rectangular block of glass of the same width, and the prism is divided by a section parallel to its base into two sedgments, which are reunited. When the examined looks through the line of union of the prism and block with one eye closed, monocu-

lar diplopia is produced; while binocular diplopia results from looking through the line of union of the two segments, with both eyes open. The prism is so arranged in a box that either line can readily be brought before the pupil.

HOWARD F. HANSELL,
Clerk of Section.

## Medical Progress.

THE NOSE AND THE SEXUAL APPARATUS OF MAN.—At a recent meeting of the Johns Hopkins Hospital Medical Society Dr. John N. Mackenzie read a very classical and in places mirth-producing, paper on the physiological and pathological relations existing between the nose and the sexual apparatus of man, which chained the attention of the society, which is composed of members of both sexes. His paper, which appears in the Johns Hopkins Medical Bulletin, opens with a quotation from an old inscription. The whole object of his paper, which is one of very few on this subject, tends to show the intimate relation existing between the peculiar anatomical structure and erectile substance of the turbinated bones and nasal tissues and the structure of the penis. He speaks of the change of voice at the time of puberty and the effect of repeated coition on the voice.

He relates the old custom, which fortunately for many does not exist now, of measuring the throat of the bride before and after her first bridal night to prove her virginity. He draws a comparison between the size of the male nose and the size of the virile organ, and brings out some very satisfactory points on the connection between so-called "hay colds" and congestion of the nasal mucous membrane in women and the periods of menstruation or pregnancy. Sneezing, which is indicative of so many things, he says may occur from coition or even from erotic thoughts, which may cause many to endeavor to suppress a sneeze; and a physician in the sixteenth century reports the case of a man who always sneezed on the street when he met a pretty girl.

He refers to the close connection between the sense of smell and erethism of the genital organs, and explains why the young man's fancy lightly turns to thoughts of love in the spring when the odors are so plentiful. Asthma and nosebleed are also considered. The whole subject is well treated and worthy of a careful reading.

* * *

ENDOMETRITIS. — Doléris (American Journal of the Medical Sciences) speaks highly of local applications of iodoform-ether in cases of obstinate cervical endometritis. The iodoform is thought to exercise an antiseptic action, while the ether, by causing strong contraction of the tissues, forces out the contents of the diseased glands; and Nitot has found in bromine vapor the most satisfactory agent. It is introduced into the uterine cavity through a double-current catheter attached to an atomizer, diffuses rapidly and exerts a remarkable curative action in cases of acute endometritis and salpingitis.

* * *

HYSTERECTOMY FOR HEMATOMETRA. Margarito, at the recent International Medical Congress (American Journal of the Medical Sciences), advocated abdominal hysterectomy in cases of hematometra of long standing, in which the connective and muscular tissue of the uterus becomes so much degenerated that its return to a normal condition is impossible. After evacuating the blood, disturbances in the surrounding organs, adhesions, etc., are apt to occur, which can only be relieved by a radical operation.

* * *

THE CURETTE AFTER ABORTION AND DELIVERY.—Büttner (British Medical Journal) finds that the use of the curette after abortion and delivery is free from danger if carried out with proper precautions. It permanently stops hemorrhage in these cases, and, as a rule, the catamenia return soon, and continue normally, contrary to what is so often seen in mismanaged cases. A skilful use of the curette likewise prevents those morbid changes which are the cause of sterility.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, FEBRUARY 12, 1898.

**Fitness for Marriage.**

In many ways the lower animals are better cared for than the human race. This is, of course, in many instances, because the human being has a will of his own and believes in a certain amount of freedom.

The Ohio legislature has been asked to pass a bill regulating marriage, so that persons contemplating matrimony shall be subjected to a physical examination and not allowed to be married and propagate unless they pass the physical test proposed. While it is hardly likely, with our present ideas, that such a law could be seriously enforced, it has certainly many advantages. But, on the other hand, that love which laughs at locksmiths will also hold in derision any statute which has for its object the keeping apart of two loving hearts.

Whether this bill has been proposed for notoriety's sake or with pure sincerity, it has aroused no small amount of interest. Our insane asylums are hardly large enough to hold the insane, our jails and penal institutes are too often crowded and the number of defectives which are allowed to go about unrestrained is shown in the daily press by the ever-increasing number of suicides, murderers and paranoiacs. Drunkards too often beget drunkards, the imbecile brings forth like kind and many of them, and thus is the world too thickly peopled with individuals who are only a burden and a tax on the better class of citizens and taxpayers.

While such a law as the one proposed could not be enforced without much friction and opposition, it would certainly lessen the number of marriages between defectives; but the question is, would it prevent the birth of like kind, even though illegitimate?

In some countries marriage licenses are only granted when the man can show that he or his intended has enough to support both, and in the case of the military or those of rank each class has a certain price which the bride must bring with her as a *dot* or dowry. In a free country like America, where laws are first made and then tested in court to see if they will hold, it would be difficult indeed to enforce any statute of the kind proposed.

Still, such a measure has its good side, and if one State can show its ability to pass and carry into effect any kind of law which will tend to lessen the number of defectives incalculable good will be done not only to that State, but to the country at large, for other States will soon fall in line and follow the good example set. Even if the suggestion sounds like a joke it is well worth a test.

* * *

**The Sheppard Asylum.**

THE fate of the Pratt bequest to the Sheppard Asylum is still hanging in a balance and the amount of opposition that has gradually developed is much greater than was at first anticipated. There is probably no one who admires Mr. Pratt for his conditions in changing the name in giving this bequest, but that must be the only objection, for when it is considered that, with this additional money, so many more unfortunates could be cared for, and in many cases cured in what is a model hospital for mental diseases, there should be no objection to allowing the Sheppard trustees to receive the bequest and go on with a good work. There have arisen objections, however, and they come from certain heirs of the late Mr. Pratt, who evidently never intended that these heirs should have this money or he would have left it to them. Everyone knows Mr. Pratt's wish in the matter, and he himself as a shrewd business man must have known that some objections would have been made, but the duty of the legislature is clear.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 5, 1898.

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | . | 32 |
| Phthisis Pulmonalis | .. | 21 |
| Measles | 37 | .. |
| Whooping Cough | 5 | 1 |
| Pseudo-Membranous Croup and Diphtheria | 42 | 7 |
| Mumps | 1 | .. |
| Scarlet Fever | 14 | 3 |
| Varioloid | .. | .. |
| Varicella | .. | .. |
| Typhoid Fever | 3 | 2 |

Dr. Pozzi has been elected a senator in France.

The Citizens' Union of Baltimore wants a pure-food law.

Dr. Benjamin Lee has been appointed Health Officer of Philadelphia.

Dr. William S. Tremaine, a prominent physician of Buffalo, died at his home last month.

There is a bill before the State legislature to change the methods of committing the insane.

By the will of Mrs. J. C. Ayer, of patent medicine fame, the University of Pennsylvania is left $50,000.

The German University buildings at Prague were badly damaged during the recent political riots there.

Thirty-one patients have been treated at the Pasteur Institute of Baltimore since it was opened last April.

Health Commissioner McShane of Baltimore is at Mobile attending the Quarantine Conference of the South Atlantic and Gulf States.

Health Commissioner McShane of Baltimore has made some valuable suggestions in his annual report, and has also suggested a revision of the plumbing law.

Professor Schenk of Vienna is receiving many letters from mothers and would-be mothers asking him to tell them how to bring forth sons instead of daughters.

As cases of leprosy seem to be increasing it is likely that Congress will take some action soon to give the United States Marine Hospital Service authority to take charge of all cases within certain districts.

Drs. William Campbell Posey of Philadelphia and George A. Taylor of New York are associated with Drs. Francis M. Chisolm and John R. Winslow in the editorial work of the *Journal of Eye, Ear and Throat Diseases.*

Dr. G. Archie Stockwell, formerly with Parke, Davis & Co., Detroit, is now with H. K. Wampole & Co. of Philadelphia. Dr. Stockwell announces that he will fill a long-felt want by establishing another medical journal in Philadelphia.

The Robert Garrett Free Hospital for Children is open for inspection every Tuesday and Friday from 3 to 4 P. M. White children under twelve years of age are eligible for admission. Dr. W. B. Platt is physician and surgeon in charge.

Dr. Ira T. Van Gieson of New York will deliver an address on "The Toxic Basis of Mental and Nervous Diseases" at the next meeting of the Baltimore Neurological Association on Wednesday, February 16, at 8.30 P. M., in the Faculty Hall. The profession is cordially invited to be present.

The Southern Section of the American Laryngological, Rhinological and Otological Society will meet in Atlanta on Monday, March 28, at 10 A. M., in the parlors of the Aragon Hotel. Dr. A. W. Calhoun is the chairman and Dr. Dunbar Roy is the secretary. Members of the profession are invited to be present.

A bill has been introduced in the Ohio legislature by Representative Parker which provides for a board of marriages, composed of physicians, to whom persons who wish to marry must make application. Licenses will be refused to those suffering from dipsomania, kleptomania, syphilis, tuberculosis and blood disease.

Dr. Joseph F. Edwards of Atlantic City died suddenly at his home from causes induced by a malignant growth. Dr. Edwards was born in Philadelphia in 1853 and took his medical degree at the University of Pennsylvania. Dr. Edwards was the founder and former editor of the *Annals of Hygiene,* at one time a health journal of some prominence.

## Washington Notes.

During the past week there were fifty-seven cases of diphtheria and forty-seven cases of scarlet fever under treatment. There were four deaths from diphtheria, one from typhoid and three from "grippe."

Considerable interest is being manifested in the selection of surgeon-in-chief for Freedmen's Hospital. The examination papers have been marked, but the eligible names have not been made public. The race seems to be between Drs. Purvis of the District and Curtis of Chicago.

At the meeting of the Board of Governors of the Episcopal Eye, Ear and Throat Hospital the staff reported for the nine months the institution has been in operation 800 patients, 3,744 visits and 129 operations. A bequest of $5,000 by Mrs. Mary M. Carter is to be devoted to the endowment fund.

The Pure Food Congress will meet March 2 in this city. Over 150 delegates have been chosen and a fierce fight will be waged for pure food and drugs. It is estimated that the people pay $90,000,000 a year for sawdust, sand, soap grease, horse fat, clay, etc., not mentioning impure milk and other injurious substances.

The Public Health Committee of the Medical Society are collecting information concerning the prevalence of typhoid and malarial fevers and diarrheal diseases in the District. The doctor's blank calls for report of cases from July 1 to December 1, 1897, number of cases, month, residence, kind of water, cause of diseases, etc.

The city must be deprived of a contagious hospital for some time to come. The Commissioners' agreement with Providence Hospital is declared by Judge Hagner to be unconstitutional, and an injunction is issued against the United States Treasurer preventing him from paying the $30,000 appropriated to the hospital directors.

On March 5 an examination will be held for the position of pension examining surgeon at Brookville, Pa. The examination will consist of thesis, anatomy, physiology, physical diagnosis, pathology and surgery. Persons expecting to take the examination should apply at once to United States Civil Service Commission for application blanks.

The Medical and Surgical Society of the District of Columbia met at the residence of Dr. W. B. French Thursday evening. Dr. Vincent read a paper upon pneumonia, and Dr. J. Walsh read a paper upon diphtheria. Discussion by Drs. French, Reyburn, Adams, Cober, Morgan, Mayfield and others. One of the most enjoyable features was the repast served by Mrs. French, assisted by her daughters and others.

## Book Reviews.

An American Text-book of Applied Therapeutics for the Use of Practitioners and Students. Edited by J. C. Wilson, M. D., Professor of the Practice of Medicine and of Clinical Medicine in the Jefferson Medical College, etc., assisted by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. Philadelphia: W. B. Saunders, 1896. Price, cloth, $8. For sale by subscription only. Pp. 1326.

This very comprehensive work contains articles on seventy-eight subjects by forty-two authors. Almost every subject treated is presented in a practical manner, and the treatment is given in a way that cannot but be of great assistance to the physician.

Dr. I. E. Atkinson of Baltimore contributes sections on "The Acute Poisonings," "The Resuscitation of Persons Apparently Drowned" and "Influenza;" Dr. William Osler writes on "Diseases of the Blood and Ductless Glands;" Dr. John N. Mackenzie on "Diseases of the Upper Air-Passages," and Laveran's article on "Malarial Fever" is translated by Dr. Frank R. Smith of Baltimore; Dr. W. W. Johnston of Washington contributes the article on "Dysentery and on Diseases of the Intestines and Acute Peritonitis."

As a rule, the authors are well selected for their specialties, and this is noted particularly in articles by Drs. Vaughan, Shakespeare, Guitéras, Laveran and Mackenzie. In a few cases the authors have evidently had only a reading acquaintance with the diseases which they describe. The whole volume is a magnificent piece of book work and is very cheap at the price offered, for it includes so many valuable monographs by authorities. The book is clearly printed and so bound as to lie open flat at any page.

Dr. J. T. Holland of Baltimore, of the class of 1862, University of Maryland, has just

completed for publication a most interesting work, entitled "Rational Medicine *versus* Quackery," which is intended for the profession and for the laity. It is divided in several chapters, and the early ones explain in a most clear manner the structure of the body and the physiology of health and disease. The later chapters show how quackery may attract the people from rational medicine, and tend to help the people to distinguish between the true and the false. Dr. Holland has written the book in a most pleasing and convincing style, and it is a work which should be in the hands of every physician, and each physician should in turn recommend it to his patrons, for in so doing he will help himself and the cause of the regular profession. Dr. Holland will shortly visit the physicians and take subscriptions for the book.

St. Louis has enough confidence in her power to support medical journals by sending out another one, called *The North American Journal of Diagnosis and Practice*. The press-work and paper are rather poor for a good journal, and the first number does not look very promising. It has a number of editors who are probably well known in their own vicinity.

The Bausch & Lomb Optical Company of Rochester have issued the first number of a *Journal of Applied Microscopy*, which will appear monthly, and gives promise to be of great value. It is edited by L. B. Elliot, and the list of contributors for the first year comprises the best men of the country on this specialty. It is $1 a year and well printed.

## REPRINTS, ETC., RECEIVED.

Eosot and Geosot (Dr. Wendt). Fischer Chemical Importing Company.

Recent Therapeutics in Ophthalmology. By R. S. Pattillo, M. D., C. M. Reprint from the *North American Practitioner*.

The Bacteria Occurring in the Female Genital Canal and their Relation to Endometritis. By Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette*.

Preliminary Report, Clinical and Pathological, of a Case of Progressive Dementia. By Charles K. Mills, M. D., and Mary A. Schively, M. D. Reprint from the *Proceedings of the American Medico-Psychological Association*.

## Current Editorial Comment.

### UNNECESSARY NOISES.

*Medical Record.*

Among the many laws and ordinances relating to sanitation it seems unaccountable that the question of street noises does not hold a more prominent place, and that steps should not be taken to do away with, or, at least, to lessen as far as possible, the ceaseless din of a large city. Physicians are too well cognizant of the disastrous effects of harsh noises to certain patients, and surely a vigorous crusade inaugurated to remedy this evil would be attended with the most beneficial results.

### REFILLING PRESCRIPTIONS.

*Memphis Medical Monthly.*

A matter which promises to soon demand legislative interference is that practice indulged in by druggists of refilling prescriptions without instructions from the physician who prescribed same. To this practice is due the development of many drug habitués and the ultimate downfall of otherwise good citizens. But aside from the evil of encouraging "dope" fiends, the practice has other objectionable phases. One of these is that of the indiscriminate use of one prescription by certain individuals for numerous different ailments. This is customary in every household.

### CLEAN ADVERTISING.

*Philadelphia Medical Journal.*

The advertising of medicines of secret composition is the disgrace of medical journalism, and all physicians who have the honor and dignity of their calling at heart should demand that it be stopped. Should they cease to subscribe for journals that get an income in this way the abuse would soon come to an end. There are, however, some practical difficulties in the way of a correct decision in not a few cases. One is that many organic constituents cannot, of course, be accurately analyzed. But in answer to this it may be said that there should be no need of having them analyzed. The manufacturer should supply the names and quantities of the constituents. His refusal to do so at once shows the desire to conceal, and this no genuine pharmacist would countenance.

# PROGRESS IN MEDICAL SCIENCE.

CONSUMPTION.—Digestion should be protected at all hazards. We have observed that consumptives rapidly fail when they cannot digest what they eat. How often have we found this class of patients improve rapidly from the use of the Elixir Six Hypophosphites, for it enables the exhausted to eat, assimilate and eliminate well.

YOU HEAR OF THEM EVERYWHERE.—There are about one hundred other companies and associations writing accident insurance in the United Etates. The Ætna Life has nearly double the combined assets of them all and three times their surplus. Mr. Edward E. Steiner is the General Agent for Maryland, Herald Building, Baltimore, Md.

SANMETTO A STANDARD REMEDY IN GENITO-URINARY DISEASES.—I have prescribed Sanmetto in a large number of cases of genito-urinary troubles during the last four years and with uniformly good success. In prostatic troubles of old men, with difficult micturition, it acts like a charm. In cases of irritable bladder, with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy.—J. F. SUYDAM, M. D., Alma, Mich.

WE BELIEVE.—Says the *New York Polyclinic*, a monthly journal of progressive medicine and surgery, edited with the co-operation of the faculty of the New York Polyclinic Medical School and Hospital: "We believe that, as a rule, leucorrhea is not well treated; therefore we make no apology for alluding to the treatment of so common an affection. Unless the vaginal flow be of intra-uterine origin, we know of no other means so simple and yet so effectual as the use of Pulv. Antiseptic Comp., Tyree's. It is in every way preferable to all the usual remedies used, many of which stain and are otherwise objectionable. The quality of endorsements given to this preparation are such as to stamp it as an article of unquestionable merit for the various forms of leucorrhea. Scarcely an article on this subject is being written or discussed in the medical societies but what reference is made to this preparation. Surely this is a commendable sign."

A PERFECT CO-ADJUVANT. — Physicians should not forget that no matter what their preference may be as to the form in which milk should be used for their patients and the babies under their care, whether it is modified, sterilized, Pasteurized, peptonized, treated by some other method, or natural, they can always depend on the perfect co-adjuvancy of that unrivaled dietetic preparation, Imperial Granum, many years of successful clinical experience having proved this combination of nutriments to be acceptable to the palate and also to the most delicate stomach at all periods of life, being in many cases retained and assimilated when everything else is rejected, though in very extreme cases the Imperial Granum is often prepared with pure water only.

## A PERFECT EMULSION.

COLLEGE OF PHARMACY
OF CITY OF NEW YORK,
November 15, 1897.

TO THE CHAS. H. PHILLIPS CHEMICAL CO.,
77 Pine Street, New York:

This is to certify that I have examined a trade bottle of Phillips' Emulsion of Cod Liver Oil (with wheat phosphates) purchased from druggist's regular stock, and find the same to contain fully 50.2 per cent. by volume of Cod Liver Oil, also phosphates as claimed upon the label. The emulsion was as nearly perfect as is possible to make; when subjected to microscopical examination the oil globules were found to be as minutely subdivided as the fat globules of cow's milk.—V. COBLENTZ, Ph. D., F. C. S., etc., Prof. of Chemistry New York College of Pharmacy.

CUTANEOUS APPLICATION OF BETUL-OL.—A recent brochure by E. Gros of Paris, entitled *A Modern Pathological and Therapeutical Study of Rheumatism, Gout, Rheumatoid, Arthritic, etc.*, referring to the use of colchi-sal internally, recommends that it should be given in conjunction with local applications of Betul-ol, an anodyne modification of pure methyl salicylate, which is absorbed more quickly than commercial methyl salicylate or wintergreen and is not liable to redden or irritate the skin.

Betul-ol is miscible in all proportions with alcohol, chloroform, ether and oils, and where friction is desirable the following formula is a good one:

℞ Betul-ol
Acid Oleici
Ol: Cerebinth } aa dr. iij

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 19. BALTIMORE, FEBRUARY 19, 1898. Whole No. 882

## Original Articles.

# DIGESTION AND DIET.

*By John C. Hemmeter, M.D., Ph.D.,*
Clinical Professor of Diseases of the Stomach, University of Maryland.

The complexity and intricate changes in the human digestive process are still puzzling when we reflect that certain substances with which the digestive secretions are most intensely occupied, and in which they work the most profound changes before they permit of absorption, are readily available for nutrition when they are directly injected into the circulation. Thus we know that sterile milk, oil and even unboiled egg albumen may be injected into the circulation and may become available for the nourishment of the body; in other words, these food substances can be utilized directly for nutrition without undergoing any previous changes, and when they are placed in the digestive canal they undergo profound and slow transformation prior to absorption.

Hodder was the first to practice intravenous injection of milk in 1850 in collapse from Asiatic cholera, and T. G. Thomas first injected warm milk into one of the veins of the arm. He reported one case in which he injected eight ounces of milk in this way, and claims thereby to have saved life. Downs has reported similar cases. Fowler tried intravenous injection of peptone solution, and gave as much as six ounces of beef solution in this manner. The peptone does not reappear in the urine, but when milk is injected into a vein a portion of the casein can be detected in the urine. When sugar and albumen are injected into veins they can be detected in the urine. It is interesting to note in this connection that some of the oil globules of milk have a greater diameter than the capillaries. In none of the cases in which milk has been injected, however, has there been any report of an embolus having been formed.

In 1869 Menzel and Perco injected fats, albumen and sugar into dogs and human beings, and showed that liquid oils were resorbed without causing local or general reaction. They injected nine grammes of oil into one patient at Billroth's clinic, who had spinal caries; a swelling as large as a silver dollar ensued, but disappeared entirely in thirty hours (*Wiener Medicinische Wochenschrift*, 1869, No. 31).

Attempts have been made in the human being with injection of defibrinated calf's blood by Landenberger (*Würtembergisches Medicinisches Correspondenzblatt*, Band XLIV, No. 20), with olive oil by Krueg (referat in *Wiener Medicinische Wochenschrift*, 1875, No. 34), with olive oil and milk by Whittaker (*Schmidt's Jahrbücher*, Band CLXXVII, Heft 1), who, in eight sittings, injected 124 grammes in one day. In all he made sixty-eight injections. Karst recommended defibrinated blood (*Berliner Klinische Wochenschrift*, 1873, No. 49). Eichhorn was so enthusiastic with his injections of milk peptone and cod liver oil that he believed the normal nutrition of an animal could be supplanted by this method (*Wiener Medicinische Wochenschrift*, 1881, Nos. 32 and 34). Leube

proved that oils injected subcutaneously were actually used up in the metabolism of the body (Leube, "Verhandlung des XIV Congresses für innere Medicin," 1895). In spite of these experiments it is very doubtful whether subcutaneous injections of nutritive materials can ever be utilized to even supplant normal feeding. The caloric value of the amounts that are available for injection is comparatively insignificant, the method quite irritating and in progressed sufferers hardly justifiable.

These references are sufficient to emphasize the fact that the food substances mentioned can be directly injected into the circulation and are then available for the processes of nutrition. The question naturally arises, can these food substances pass through the intestinal wall without having undergone any preliminary change? This I have investigated on the human subject in a number of patients. I occluded the transverse colon by blowing up a soft rubber balloon in its lumen, and, after washing out the descending colon and sigmoid by an antiseptic solution, I inserted weighed amounts of nutrive olive oil, sterile milk and white of egg as high up into the rectum as possible. This portion of the bowel was after three to six hours washed clean by distilled water and the amount of the food substances that remained in the bowel determined by quantitative analysis. It was found that after three to six hours' retention in the sigmoid and descending colon nothing could be regained of fifty grammes of white of egg, whilst of fifty grammes of sterile milk we regained in one case 3.486 grammes of residue, largely composed of casein, and in two other cases only traces of casein were found.

About 50 per cent. of nutrive olive oil introduced was regained after three hours. The object of stenosing the colon with a rubber balloon was to prevent the ferments of the pancreatic or gastric juice which might possibly survive the passage through the bowel from acting upon the nutrient injections. The balloon will not remain in its place longer than half an hour before it is removed downwards by the vermicular peristaltic contraction of the colon. It is connected with the outside by a tiny rubber tube, through which it can be inflated. It frequently fails, because of the rapid downward peristalsis which is produced by local overdistention of the colon in filling the rubber balloon, but the colon of patients can become accustomed to this balloon, so that they may retain it at times for over three hours.

The same experiments were carried out on dogs in whom the large intestine was cut off from the small intestine at the ileocecal valve, the large and the small intestine opening upon the abdomen of the dog by a fistula. It was possible in this manner to obtain the entire colon of the animal free from contents, to cleanse it out thoroughly by irrigation from the fistulas towards the anus, and as the small intestine had a separate opening discharging its contents on the surface of the abdomen no fecal matter entered the colon whatever. It is also evident that the ferments of the gastric and pancreatic juice and succus entericus were excluded from the colon.

In the cleansed colon of dogs operated in this manner, egg albumen (uncoagulated), sterile olive oil and milk were absorbed, although there were no digestive ferments or other digestive secretions present to produce the well-known changes which occur in the upper part of the digestive tract prior to absorption. It is impossible to sterilize the human colon or even the colon of a dog that has been opened upon the exterior surface of the abdomen by an artificial anus; the colon of such dogs can be irrigated from the artificial anus to the natural anus by antiseptic solutions, nevertheless various forms of bacteria, particularly the bacterium coli, will be found in test cultures made weeks after systematic irrigation with boracic acid, corrosive sublimate or thymol solutions have been undertaken, so that the action of the bacteria in the digestion of the substances cannot be excluded.

It is, however, not correct to infer that the substances are altered to any considerable extent prior to their absorption; if they were we should find proportionate quantities of the intermediate stages of

the digestive process, such as propeptone or hemialbuminose and peptone resulting from the egg albumen, and casein resulting from the milk and fatty acids, and glycerine resulting from the breakdown of the olive oil. These, however, are found in such minute quantities that we may correctly infer that the bulk of these food substances are absorbed as such.

If these food substances, as has been shown from the previous experiments, can be absorbed from the intestinal canal without preliminary change, and if they can be injected into the circulation and be directly available for nutritive purposes, without having undergone preliminary change, we have a right to ask, what is the object and the reason in the complex processes of digestion by ferments acting in acid and alkaline media? What is the reason of the intricate changes occurring in proteolysis, amylolysis and adipolysis? Why could not the food be permitted to enter the circulation through the intestinal walls without previous alteration in chemical composition? In the scale of evolution, why did the process of digestion arise?

Our answers to these questions are mainly two:

1. One object of the chemical changes of digestion is to bring the food molecule into a condition more like the composition of the cell which it is to nourish. If it be objected that the molecule of oil, milk or egg albumen, which is directly injected into the circulation, undergoes no alteration prior to its application as a cell food, this is purely an assumption and lacks physiological verification. There are three distinct kinds of digestion which we must consider from a biogenic standpoint: 1, the gastro-intestinal; 2, the hepatic, and, 3, the cellular. These we may call the primary, secondary and tertiary digestion respectively.

All food, after it has gone through the process of gastro-intestinal digestion and has entered the portal circulation there, undergoes profound changes in the liver. For instance, it is quite certain that under normal conditions the liver receives almost all of the end-products of carbohydrate digestion in the form of maltose and dextrose. Maltose and dextrin are inverted during absorption into the simpler sugar dextrose. Cane sugar, which forms such an important part of our diet, is inverted into dextrose and levulose. When these sugars reach the liver from the intestinal tract they are there stored up as glycogen. If the sugars pass through the liver unchanged the contents of the systemic blood in sugar would be increased to a dangerous degree. It is now known that when the percentage of sugar in the blood rises above a certain low limit the excess will be secreted through the kidney and will be lost, but as the blood from the digestive organ passes through the liver the excess of sugar is abstracted from the blood by the liver-cells and is dehydrated to make glycogen and is retained in the cells in this form for a short period. From time to time the glycogen is reconverted into sugar and is given off to the blood. By this means the percentage of sugar in the systemic blood is kept nearly constant (0.1 to 0.2 per cent.). It has been pointed out by Bernard that the end-products of gastro-intestinal proteid digestion may also be stored up in the liver or certainly undergo important changes there before they are given out to the circulation. We will not here discuss the important function of the liver in destroying and counteracting the toxines which are absorbed from the intestine along with the end-products of digestion. This is a most important and far-reaching function of the organ and equal in physiological importance to its glycogenic function. Sugars that enter the circulation without reaching the liver may be available as food if they do not raise the sugar in the blood beyond one-tenth of one per cent., otherwise they are excreted through the kidneys.

When the end-products of hepatic digestion are again given out into the circulation, or when those products which enter the circulation directly without going through a secondary digestion in the liver, they are still not identical in chemical composition with the cell molecule which they are intended to nourish; therefore it is assumed on very good grounds that the cells themselves have the power of effecting changes in the nu-

tritive constituents of the food, making them identical with the cell molecule. If the food entered through the gastro-intestinal walls unchanged a very elaborate chemical transformation would have to occur either in the circulation or in the liver or in the cells themselves, in order to make the food products agreeable to the life of the cells; therefore one of the important functions of the intestinal digestion is to bring the food molecule into a form more closely resembling that of the cell.

2. The second object of digestion by ferments in the gastro-intestinal canal is to counteract decomposition of the food, fermentation and putrefaction by bacteria. The peristalsis of the small intestine is very active and lively, but the rate of the colon is slow and indolent. Accordingly the chyme, after its entrance into the duodenum, traverses the small intestine very rapidly, so that the entire contents after a large meal reaches the ileocecal valve in three to five hours. The much shorter distance from the cecal valve to the rectum is traversed in twelve to twenty-four hours. The food substances which are ingested with countless numbers of bacteria are, therefore, retained in this convoluted bacterial culture tube from twenty-five to thirty hours under conditions that are most suitable and congenial to bacterial development.

If there were no proteolysis, amylysis and adipolysis by gastro-intestinal digestive secretions, the entire food mass would be subject to bacterial fermentation and putrefaction. The degree to which man is exempt from intestinal auto-intoxication depends upon the activity of his gastro-intestinal juices and the rapidity with which they will get ahead of the bacteria in converting the food into a form in which it can rapidly be absorbed from the intestine and withdrawn from the influence of his parasitic inhabitants.

Too rapid digestion and absorption of food is, however, just as harmful as too slow a digestion; whilst too slow a digestion may leave the food subject to a bacterial decomposition, too rapid a digestion will endanger the organism by the sudden eruption of end-products of proteolysis, etc., immature substances which have not yet reached the form in which they are agreeable to the palate of the cell.

In the following I have quoted the views of Munk, Ewald and especially of Sir William Roberts on the probable uses of food accessories.

Human beings are in the habit of taking with their regular food certain food accessories, such as beef-tea, whey, coffee, tea and a manifold form of alcoholic beverages, which, in small doses, have been demonstrated to accelerate the rate of digestion, but in the doses in which they are habitually used by the consumers they undeniably retard the digestive process.—Roberts.

I come now to a curious and interesting question. What is the meaning of all this retarding effect? Why should the practice be almost universal among civilized races of taking with their meals beverages which retard digestion? And, considering the copious libations of tea, coffee, beer or light wines which healthy persons associate with their meals, it is quite evident that an important retardation of gastric digestion is thereby frequently produced.

Is this retardation wholly, or even at all, evil? Do we healthy people take tea, coffee, wines or beer with our meals for some collateral good and in spite of their untoward retarding effect on the chemistry of digestion, or is there really some good in this retardation itself? And do we unconsciously use these beverages partly for this very purpose of abating the speed of gastric action?

In continuing the consideration of this subject Roberts expresses himself as follows:

"It requires, perhaps, some courage to set forth and to defend a proposition apparently so paradoxical as that men take these beverages in part with the unconscious purpose of retarding their digestion. This is, however, what I propose doing, and I am countenanced in this speculative course by some words of Darwin: 'False facts,' he says, 'are highly injurious to the progress of science, because they often endure long; but false views, if supported by some evidence, do little harm, because everyone takes a salutary

pleasure in proving their falseness, and when this is done one path of error is closed and the true path is often at the same time opened.' The view.I am about to suggest concerning digestive retardation may be true or false, and must submit to the test of criticism; but the facts indicated by the experiments stand equally fast whether that view prove true or false."

Humboldt, who discovered aboriginal tribes in South America who were familiar with the process of alcoholic fermentation, also suggests the probable utility of alcoholic beverages. It does not really require much ingenuity to show cause why retardation of gastric digestion may not be regarded in the healthy and strong as having a beneficial purpose.

Roberts believes that alcoholic beverages serve some useful purpose in the human economy. "We must bear in mind," he says, "that among civilized races the preparation of food for the table is carried to a high degree. The cereal grains which are employed to make bread are first finely ground and sifted from the bran by the miller; the flour is then subjected, with the aid of moisture and artificial heat, to a cooking process, and then the meats or fish we eat are boiled or roasted; the vegetables we use are carefully deprived of their coarser parts and then are boiled; all this preliminary preparation and cooking renders our food highly digestible and easy of attack by the digestive juices. But this is not, I apprehend, the sole object in view. The preliminary preparation and cooking not only renders our food more digestible, but makes it also more capable of being thoroughly exhausted of its nutritive qualities. These two objects are not quite the same.

"Even as it is, and with all this careful preparation, some waste occurs, and the feces always contain considerable remnants of undigested food. But it is obvious that if food be rendered too easy of digestion there arises a risk that the meal will pass too quickly and wastefully into the blood and on through the tissues into the excretory organs, and so out of the body, before it has been made fully and economically available for the sustenance of the slow nutritive process. Moreover, a sudden irruption into the blood of large quantities of newly-digested aliment would tend to disturb the chemical equilibrium of that fluid and so interfere with the tranquil performance of its functions. It would also tend to produce hepatic and other congestions, to the general disadvantage and discomfort of the economy.

"A too rapid digestion and absorption of food may be compared to feeding a fire with straw instead of with slower-burning coal. In the former case it would be necessary to feed often and often, and the process would be wasteful of the fuel, for the short-lived blaze would carry most of the heat up the chimney. To burn fuel economically, and to utilize the heat to the utmost, the fire must be damped down, so as to ensure slow as well as complete combustion. So with human digestion, our highly-prepared and highly-cooked foods require in the healthy and vigorous that the digestive fires be damped down, in order to ensure the economical use of food."

In the plan of the dietary of the civilized races, arrived at slowly as the result of an immense experience, we seem, therefore, to detect two apparently contradictory aims, namely, on the one hand, to render food by preparation and cooking as digestible as possible, and, on the other hand, to control the rate of digestion by the use of certain accessory articles with food. In reality these objects are not contradictory, but co-operative to a beneficial end, for, to express the problem in another way, it may be said that we render food by preparation as capable as possible of being completely exhausted of its nutrient properties, and, on the other hand, to prevent this nutrient matter from being wastefully hurried through the body to make use of agents which abate the speed of digestion. This combination of appliances renders our plan of feeding more elastic, more adaptable to variety of the individual health and constitution and to variety of external conditions.

During the early periods of life retardation of digestion is less required than

in the adult state, because the growing organism can fully utilize, in the work of building up the framework, any excess of food which is poured into the blood. Accordingly, we observe that retarding agents (tea, coffee and alcoholic beverages) are not used at all, or only used sparingly, by infants and children.

If this view of digestive retardation in the stomach be well founded the stomach becomes in some degree a storage organ for food, like the crop of birds, the paunch of ruminants, the dilatable cheeks of monkeys and the pouch of the pelican.

---

# THE INFLUENCE OF THE MIND UPON THE BODY.

*By I. S. Stone, M.D.,*
Washington, D. C.

ABSTRACT OF ARTICLE READ BEFORE THE MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Physicians have long used some form of mind cure, but often without fully understanding the method. They have seen at all times large numbers of nervo-sanguine patients who take real or pretended drugs with equally good effect, and are easy victims to any who cater to their fancy and imagination in the application of treatment. Neurotic subjects are those best adapted to the process of cure by suggestion, and the hysterical woman can scarcely be even temporarily relieved save by some means of mental impression.

The use of suggestion does not preclude the administration of suitable remedies or correcting errors of habit. The most suitable cases are hysteria, functional neurosis, mimicry, neurosis, melancholia and habit cases. Hypnotism need not be resorted to, for the author rarely finds it necessary to induce sleep, but relies upon suggestions.

A miss of sixteen years came under his care in 1897, with a history of having been stout and healthy at eleven years, but soon grew nervous, lost weight and had symptoms of spinal disease. Her menses appeared at thirteen, accompanied by dysmenorrhea and neurasthenia. She began suffering with prolonged attacks of hiccough, followed by spasmodic jerking of the abdominal muscles; then came on loss of strength and loss of mobility of back and larger joints.

On examination her ovaries were found enlarged and her uterus retroflexed. An operation was suggested and accepted.

By the merest accident she escaped an oöphorectomy, and when brought to him her condition was indeed forlorn. He did not think the enlarged ovaries and displaced uterus had much to do with her condition; that she suffered from prolonged confinement to bed, neurasthemia and spinal irritation.

The Congress of American Physicians and Surgeons being in session at that time, several men of distinguished ability were invited to the hospital to see the case. A division of opinion prevailed in reference to the cause and the possibility of oöphorectomy affording relief. Dr. Stone decided to do a mock operation under anesthesia, the skin being incised and dressing applied and the patient made to know that she must stop jerking to prevent tearing the wound open. While anesthetized the joints were exercised and afterward masséd.

By the exercise of authority and proper moral management the girl was able to walk in ten days after the supposed operation. She made a good recovery.

Dr. Stone says the most striking defect in these cases is lack of will power, and the desire to recover is almost or entirely lost. There may be real and not fancied loss of power, and our treatment will fail if we do not correctly estimate real desire to recover. That massage is an important factor in the treatment of these cases, and, above all, obtain a dominant influence over the patient, and thus indicate the course of her life. The physician's will must be supreme. A definite amount of exercise or duty to perform each day at a certain hour, with unvarying and unrelenting persistence, will often make a patient walk in a few weeks who had not stood alone for years. These invalids ought to be cured if they have no organic disease.

# HOUR-GLASS CONTRACTION OF THE UTERUS.

*By Elmer Sothoron, M.D.,*
Washington, D. C.

ABSTRACT OF PAPER READ BEFORE THE MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

The author believes these cases are caused by adherent placenta acting as an obstacle to contraction over the placental site, while the rest of the organ assumes its physiological function, or the premature rupture of membranes allowing the uterus to retract at certain places and conform itself to the surface of the fetus; that in the majority of cases after passing this central contraction, we have either a partial or complete adherent placenta to deal with or a condition entirely opposite, a placenta held within by powerful contraction, the location of which is nearly always the internal os.

Meddlesome midwifery has much to do in bringing about this condition, as early rupture of the amniotic sac and abuse of ergot, but that sometimes it occurs with the best attention, and there is no way to prevent it. Active interference he thinks is the best measure to adopt—to empty the upper cavity and secure firm contraction. Experience has taught him that to wait in the majority of cases is in vain. In trying conditions it becomes necessary to operate, and no advantage is gained by waiting.

In introducing the hand much resistance and pain should be relieved by chloroform. The cord should be the guide for the hand, the placenta carefully separated and seized with sufficient firmness to secure its following the hand. After the placenta is delivered he re-enters the uterus to be certain that neither membranes or coagula are left behind. Then firm contraction should follow, induced by Crede's method or by ergot.

---

Netter (American Journal of the Medical Sciences) has demonstrated after the manner of Cornet the presence of virulent pneumococci in the dust of a hospital ward.

## Society Reports.

# CLINICAL LABORATORY SOCIETY.

MEETING HELD JANUARY 20, 1898.

At the first meeting of the Clinical Laboratory Society, held on January 20, 1898, the following officers were elected: President, Dr. Charles E. Simon; vice-president, Dr. C. Urban Smith; secretary, Dr. S. P. Latané.

The meetings are held on the fourth Thursday of every month. Journalistic reports, original communications and the exhibition of specimens constitute the leading features of the meetings.

MEETING HELD JANUARY 27, 1898.

The meeting was called to order by the president, Dr. Charles E. Simon.

*Dr. W. M. Lewis* showed "Specimens of Urine containing Trichomonades." Four authenticated cases, in which trichomonades have been observed in the urine, are reported in the literature. In 1836 Donné found in the vaginal secretion an organism which, from its structure, he classified among the trichomonades and which, from its habitat, he termed trichomonas vaginalis. In 1868 Salisbury observed a similar organism in the urine, but failed to describe it accurately. Later, in 1883-1884, Künstler reported the first case, where the organism was found in the freshly voided urine. Some doubt, however, existed as to whether or not this organism was identical with the parasite first described by Donné. In 1893 Marchand reported the first case, where the organism was observed in the urinary tract itself. Miura of Tokio, in the same year, mentions a case in which the parasite was confined to the anterior portion of the urethra and in which the source of infection was traced to the patient's wife. Dock, in 1896, reports a case in which no source of infection could be determined. All these cases were attended at some period by the passage of blood *per urethram*. The organisms were usually found enveloped in bits of epithelial tissue.

The speaker then referred to the infrequency with which careful microscopical

examinations of the urine are made as a possible reason for the small number of cases in which the organism has been found. This was the fourth case which he had personally observed. All of his cases had been attended by hematuria at irregular intervals. In the freshly voided urine the organisms were usually of an ovoid form, presenting three or four long flagella at the anterior pole and a vibratory membrane, strongly resembling cilia in its movements, at or near the posterior pole. In one instance it was possible to observe the ingestion of food, as well as the expulsion of waste material. In stained specimens a nucleus is usually observed at the anterior pole.

Attention was also called to the importance of an early examination of the urine in cases of this nature, as the organism does not retain its vitality for more than a few hours. It loses its flagella, becomes circular in outline, with the appearance of a distinct cell-wall; at times also amœboid movements are observed. At other times the organisms become vacuolated.

The speaker suggested that many cases of hematuria might be explained upon this basis rather than as evidence of a malarial infection.

*Dr. Simon* stated that the identity of the trichomonas urinarius, vaginalis and intestinalis had been definitely established. Whether the organism in question should be regarded as pathogenic as yet awaits a final decision.

*Dr. Richardson* reported a similar case, which was likewise associated with hematuria.

*Dr. Whitney* described a modification of Hopkins' method for the quantitative estimation of uric acid in the urine in use at the Baltimore Medical College. One hundred cubic-centimeters of urine are treated with thirty grammes of ammonium chloride. After two hours' standing the mixture is filtered and the precipitate washed with a saturated solution of the salt. Filter and precipitate are placed in an Erlenmeyer's flask, treated with ten cubic-centimeters of a decinormal solution of hydrochloric acid and diluted to about fifty cubic-centimeters with distilled water, brought to the boiling point, when the excess of the hydrochloric acid not used in the decomposition of the ammonium biurate is retitrated with a decinormal solution of sodium hydrate, using methyl orange or dimethyl-amido-azobenzol as an indicator. This excess is deducted from the original ten cubic-centimeters. The result, multiplied with 0.0168, will indicate the amount of uric acid contained in 100 centimeters of urine.

*Dr. Richardson:* As 25 per cent. of the xanthin present is likewise precipitated by the ammonium chloride, it is well to wash the precipitate with acidulated alcohol first and then with the ammonium chloride solution.

*Dr. Simon* drew attention to his already published observation that a distinct cloud is obtained with albuminous urines, when, as in Sjökvist's modification of Jaffé's test for indican, the sodium hypochlorite solution is added to the mixture of urine and concentrated hydrochloric acid. The two tests may thus be suitably combined. As far as his observations went the delicacy of his test equals that of the nitric acid test. Further observations are needed in order to ascertain the nature of the albuminous bodies which are thus precipitated.

S. P. Latane, M. D., Secretary.

## Correspondence.

### COCA.

504 West 146th Street,
New York, January 17, 1897.

*Editor of the Maryland Medical Journal:*

Dear Sir—For some time I have been preparing a work on coca which will aim to exhaustively present in an impartial manner all that is known of this remarkable plant and its application.

The marvelous tales with which we are familiar of the wonderful sustaining powers of coca would alone indicate some inherent inestimable value. But either from prejudice or neglect—possibly from the greater interest directed to its alkaloid—coca has been overlooked and has not received that attention which, through its physiological importance, it is entitled.

To supplement data already at hand for this work I addressed many representative physicians, asking their experience with coca. While this collective investigation was commenced on the supposition that the remedy was little known and less understood, the replied have impressively emphasized this. They also have generally expressed a desire to more fully learn the true properties of coca.

I ask that you will kindly further this work by answering the enclosed queries, and also by calling the attention of your readers to this inquiry of common interest, with a request to forward to me the result of personal observation or experience in the use of coca as a therapeutic agent or as a food. Yours very truly,

W. Golden Mortimer, M. D.

## THE NOSE AND THE SEXUAL APPARATUS.

*Editor of the Maryland Medical Journal:*

Dear Sir—Doctor Mackenzie's instructive and scholarly paper, published in the *Johns Hopkins Hospital Bulletin* and noticed in your issue of February 12, shows how distinctly correlated are psychical conditions and physiological facts. The relation of odors to sexual life is well known to those who are professionally brought into contact with the sexual pervert.

The ancients, as Dr. Mackenzie has shown, applied certain meanings to the size of the nose, meanings which indirectly applied to the size of the sexual organs. See what Ovid, that artistic rake, says:

Noscitur e pedibus (labiis) quantum sit virginis antrum,
Noscitur e naso quanta sit hasta viri.

It is said that the odor of the hair of one of the members of Cato's menage would so disturb his sexual desires that he gave her to one of his friends. Probably this is one of the incidents Byron referred to when he wrote:

Heroic, stoic Cato, the sententious,
Who lent his lady friend to Hortensius.

The literature of ancient India is rich in poems and epigrams in which the size of the feet and nose play important parts; especially is this so in the writings of Vatsyayana, Bhartrihari and Souvernabha.

Whether Ruth knew that there was any relation between the erectile tissues of the turbinated bones and those of the penis is doubtful, but she certainly did assiduously strive to so perfume herself as to attract Boaz. Jäger, in his "Discovery of the Soul," shows how great an influence the nose has on sexual passions.

Martial, the author of so many nauseous epigrams, has this one to his credit:

Mentula tam magna est, tantus tibi, papile, nasus.
Ut possis, quoties arrigis, olfacere.

Of course, the French could not let any good epigram sink into obscurity, so they remember Martial by learning the following:

Jean a le nez si et la verge si grande,
Qu'il peut se moucher quand il bande.

Another epigram, well known to the Latin races, is:

Chez une femme; petit pied, petit bijou.
Chez un homme; gros nez, gros membre.

Ovid, in his "Art of Love," and Martial, in "Chloe and Phlogis" (Martial, X, 60), give us numerous facts relating to the belief in the relation of size of the nose to the size of the penis.

We can even find reference to this belief in Virgil, but only in a poem—"that horrid one,

Beginning with Formosum Pastor Corydon."

Yours very truly,

William Lee Howard, M. D.

## FILTHY HABITS.

Washington, February 12, 1898.

*Editor of the Maryland Medical Journal:*

Dear Sir—I am sure that many persons are pleased at the interest shown by the medical journals in mentioning certain sanitary subjects that of late have excited public attention, more particularly those relating to the loathsome habits of spitting and to the sanitation of barber shops.

On various occasions in Washington I have been obliged at theater to sit be-

side a malodorous tobacco-chewer, who literally flooded the floor to such extent that I could only with difficulty keep my feet free from the nauseating pool, and, although not endowed with an overfastidious organization, I can scarcely recall a more disgusting sight than the numerous spittoons one encounters on a visit to the Capitol and the culpability of a hayseed congressman who spits a great gob of tobacco-juice down the hot-air register that warms the national legislative halls.

Such things make us the laughing-stock of foreigners, who are doubtless right in saying that we are, as a nation, less clean than Europeans. Indeed, the late investigations of the Labor Commission bring to light ample testimony that confirms the verdict.

Uncleanliness of body, bad air, reeking with tobacco spittle, bad diet of "Leutgert sausage" of the average congressional boarding-house and filthy barber shops are not factors that contribute either to good legislation or personal comfort. Dr. Robbins, in his article, has, therefore, done well to call attention to one of these existing evils.

Permit me to say, however, that the notion of antiseptic barber shops did not originate in Baltimore, as has been stated, for in 1893, while spending several weeks in Quebec, I noticed that a number of shops held out the inducement of antisepsis to attract custom.

Yours very truly,

IRVING C. ROSSE, M. D.

---

THE SANITARY VALUE OF SINGING. Dr. Barth of Köslin (New York Medical Journal) has made a study of the effects of singing on the action of the lungs and heart, on diseases of the heart, on the pulmonary circulation, on the blood, on the vocal apparatus, on the upper air-passages, on the ear, on the general health, on the development of the chest, on metabolism and on the activity of the digestive organs. Singing, he maintains, is as good as any other form of gymnastics, and it has the advantage that it can be practiced anywhere or at any time and without using special apparatus.

## Medical Progress.

AN UNUSUAL SPECIMEN IN TERATOLOGY.—In the Richmond Journal of Practice Dr. D. L. Shaver of Maurertown, Va., contributes a very unusual report of an acephalous monster attached to the breech of a living female baby which he delivered.

He was called to the case, and by palpation made a diagnosis of multiple pregnancy. From the size of the parts he expected a rapid birth; so all arrangements were made, and in a half-hour the head of a child was born; then there was a delay, and then a hand presented. This was replaced, and then after awhile the child showed itself to its shoulders, and this time the feet also presented, the thighs being flexed on the trunk. Later the hips were born, and on examination he saw the child was closely attached to another one. After some effort the child was delivered. Dr. Shaver says further:

"It proved to be an acephalous monster attached to the breech of a living girl baby. The weight of monster and child was eighteen pounds. The union extended from sacrum to pubes, entirely obliterating the nates. The monster, a shapeless mass, was much larger than the child. The anus was anterior the normal distance from the vulva. Two inches from the anus, on the median line, a penis and one testicle appeared on the monster, another testicle was found on the opposite posterior side of the monster. It had two feet and one hand irregularly located, without an arm or leg. There was but one funis. The extremity of the monster was firm, offering resistance like a cranium beneath the skin. Posteriorly the union was firm. At the line of attachment the monster bulged abruptly, the whole presenting the appearance of a child sitting on a water-bag standing on the end, and much larger than itself. On the right side was a deep depression, the integument turning in, from which blood slowly oozed.

"With the father's consent I proceeded to separate the two under aseptic precautions. I made a circular incision commencing at the testicle in front and allowing sufficient flap to bring the anus in

the normal position. Beneath the point of incision was a cavity containing fluid.

"The dissection was made close to the wall of this cavity. After leaving it there was no order of muscular arrangement. Posteriorly the union proved to be cartilaginous. To facilitate the operation I emptied the cavity. It contained about ten ounces of clear fluid. No important blood-vessels were separated. The hemorrhage was controlled with sponges dipped in hot water. The tissues all being separated, I found the rectum of the living child, about half an inch from the anus, giving off a branch gut to the monster. This was cut, carefully stitched, the wound closed and aseptically dressed. The living child now weighed five pounds.

"While dressing the wound I was called to see one of my best families at once, and I left without examining the monster further. The patient living in the country, and I being rushed with work, I could not see the patient for three days. I then found the mother doing well. The child had not nursed; in fact, the family being thoughtless and careless had made but one attempt to get it to take the nipple; it had been much neglected, although the wound was doing well. The bowels moved twice. On the fourth day the child died. The mother made a rapid recovery, notwithstanding the fact of a post-partum hemorrhage, which at the time was promptly controlled by the usual treatment."

* * *

The Liability for Medical Service.—Dr. Paul F. Mundé has had an experience, says the Medical Record, the recital of which may be of interest.

Some months ago he was called up by telephone to meet at once in consultation a physician well known to him at an address some sixty blocks from his house. The voice of the person calling him up was unknown to him, but he insisted on his coming at once, although in his office hours, as the case was urgent. He went at once and saw the patient and the physician. The patient had unfortunately drawn her last breath as he entered the house. The husband asked him to send his bill to him, which he did in due time, but no attention was paid to it, nor to several successive bills, nor to a polite letter. Although the amount was small —only an ordinary consultation fee—he did not relish being ignored, and after waiting several months instructed his lawyer to collect it. Payment was refused and suit brought. The defendant, himself a lawyer, deliberately swore that he had not telephoned to Dr. Mundé (although the physician assured him that he did), and that he had no recollection of seeing him at his house—which was a falsehood and rank perjury. But as he could not swear that this physician himself had telephoned, his voice not being familiar to Dr. Mundé, the judge dismissed the suit—an obviously unfair and absurd decision, as it was evident that he would not have brought suit or sworn to the facts as stated if they were not true.

Dr. Mundé would recommend physicians, therefore, to be careful to assure themselves of the personality and reliability of persons making appointments with them by telephone, when such persons and their voices are unknown to the physician. They may thus avoid being swindled out of a fee, as was done with him.

The attending physician was at the bedside of the patient and not present at his interview with the husband. He could not, therefore, corroborate his statement. As he did not imagine that the defendant would have the effrontery to deny his affidavit he did not take the precaution to have the physician present as a witness at the trial—an unfortunate omission, which probably cost him the loss of the suit.

* * *

Posterior Basic Meningitis in Infants.—Dr. Still (Medicine) claims that the microbe of this is a modified bacillus intracellularis, the microbe obtained from cases of cerebro-spinal meningitis. Posterior basic meningitis is sporadic and not epidemic, and its symptomatology is sufficiently distinct to enable a differential diagnosis to be made with comparative ease.

Warm Baths in Broncho-Pneumonia.—M. Desmons bears testimony in the American Journal of Obstetrics to the value of the warm-bath treatment of broncho-pneumonia advocated by Professor Lemoine. The results obtained, he says, are astonishing, and he now rarely loses a case from this disease, which is usually of such gravity. By giving the baths as soon as the lungs show the slightest symptom he is often able to abort an attack. When the case is a severe one he gives the baths every three or even every two hours. There was at first some slight difficulty experienced among his conservative country patients in inducing them to let him adopt the measure, but so great has been his success that the parents themselves are now the ones to ask that it be tried.

He reports the following interesting case in detail: A little girl of four and one-half years became affected with measles during an epidemic of the disease. The course was apparently normal, when on the second day the evening temperature rose to 39° C. (102.2° F.) and the respirations increased in number. Toward 3 o'clock in the morning the patient's condition became critical; the temperature was 41.6° (106.8°), the respiration like that of a dog which has been running hard; there was delirium, cyanosis of the face, and it was impossible to administer any medicine.

Warm baths were prescribed; the first one was taken at 4 o'clock at a temperature of 35° (95°) with 250 grains (eight ounces) of mustard meal in it, and was prolonged for about ten minutes. The general condition seemed to be favorably affected by the bath, but the alarming symptoms reappeared, and at 5 o'clock a second bath, similar to the first, was given; the improvement was more marked and the child was able to drink. At 6 o'clock a third bath was given, followed by still greater improvement. At 7 o'clock the fourth bath caused slowing of the respiration and cessation of the delirium; the patient recognized those about her and drank easily; the temperature was 39.4° (103°), having become lowered more than two degrees in three hours. The baths were continued at intervals of two hours; in the afternoon the temperature was 38.5° (101.3°) and the general condition good. Two days later the child was convalescent.

Professor Lemoine adds a few lines to this article, giving his approval to the persistence in the administration of the warm baths shown by Desmons, and especially commending the use of mustard. He gives it as his opinion that as soon as a patient has crepitant râles and a little elevation of temperature, the warm baths should be administered as a matter of routine practice.

* * *

Extra-uterine Pregnancy.—Extra-uterine pregnancy has been rather carefully studied in the last fifteen years since Lawson Tait gave such a clear exposition of the subject. The early diagnosis and treatment of this trouble before the rupture of the sac may be difficult, but not impossible.

Dr. G. H. Balleray relates several cases in the Medical News and then emphasizes the following points:

1. Early ectopic pregnancy may be diagnosed before rupture has occurred, provided an opportunity to make a careful examination be afforded.

2. In the differentiation of early ectopic pregnancy from conditions which simulate it a painstaking examination *per vaginam* and *per rectum*, under anesthesia, offers the best chance of making a correct diagnosis.

3. The use of the uterine sound as a means of diagnosis may be permissible in cases of grave doubt as to whether the pregnancy is intra- or extra-uterine, but its indiscriminate employment cannot be too strongly condemned.

4. In case of grave doubt as to whether or not early ectopic pregnancy be present, but when the presumption is strongly in favor of its existence, exploratory abdominal section is not only permissible, but imperative.

5. Abdominal possesses many advantages over vaginal section, and should, therefore, always be the operation of election in this class of cases.

6. All cases of early ectopic pregnancy, except those in which intraligamentous rupture has occurred, should be operated

upon as soon as the diagnosis is made. Procrastination may mean death to the patient.

* * *

The Serum Diagnosis of Yellow Fever.—In the New Orleans Medical and Surgical Journal there appears an article by Drs. P. E. Archinard and John J. Archinard of the Louisiana State Board of Health and Dr. R. S. Woodson of the Medical Department, United States Army, showing the results of their work in studying yellow fever during the recent epidemic. This work is based on the agglutinative reaction of the blood. One hundred cases in two groups of fifty each were studied. The first group contained typical yellow fever cases, while the second group contained cases of suspect blood. They conclude as follows:

1. Our work demonstrates the practical value of serum diagnosis in yellow fever.

2. That it may be utilized as early as the second day, and be exceptionally present as late as nineteen years after the disease.

3. That a dilution of 1-40, with a time limit of one hour, is to be preferred for accuracy of diagnosis.

4. That the dried-blood method of Wyatt Johnston is perfectly satisfactory.

5. That the serum diagnosis of yellow fever should be instituted in all countries wherein the disease may exist endemically, or which may be occasionally visited by epidemics.

6. That it is especially valuable at the beginning of epidemics in the diagnosis of early and doubtful cases.

* * *

Urethral Injections.—Vadja (British Medical Journal), by means of examination of many cases with the endoscope, and by employing colored fluids for injection, has come to the following conclusions: Ordinary injections nearly always reach the membranous and prostatic urethra, and the injected fluid gets into the folds of the mucous membrane. The resistance offered by the muscles of the urethra can be overcome by a pressure of one and one-half meters of water. The pressure of the injection should be gradually increased to a maximum point occurring just before tenesmus occurs. This point is usually preceded by a desire to micturrate, due to commencing distension of the membranous part. If tenesmus occurs the injections must be stopped. The syringe should not have a friction resistance of more than 40 to 50 c.cm. of water, and should work uniformly. Each syringe should be tested previously. With regard to the quantity of fluid to inject, 12 c.cm. is enough to reach the prostatic part of the urethra. Vadja is of opinion that careful injections made as above, with a good syringe working evenly with little frictional resistance, are as good as irrigations.

* * *

Hysteria in Children.—Hysteria was formerly confined to women. Then we heard of hysteria in the male, and now Dr. Charles W. Burr, in the Journal of the American Medical Association, records five cases of hysteria in girls from seven to eleven years of age. Symptoms pointed to grave nervous lesions, joint disease.

The treatment consists of separation of the child from its parents; confinement in bed, etc., and while the cure of the specific attack is quite certain, to cure the inherent and often the inherited nervous instability requires careful education of the will and the emotions.

* * *

Dermic Sarcoma in the New-born. Dr. Jacobi (Medicine) reports a case of giant-cell sarcoma of the skin in an infant of seven months. The tumors, which were small (one-third to half a centimeter in diameter), occurred at the upper left part of the scrotum. They were bright red, not adherent. The inguinal glands were not involved.

* * *

Fever and High Pulse in Infants. Graham (Medicine) points out that a high pulse-rate or a moderate amount of fever in an infant does not necessarily mean serious illness unless kept up for some time. Slight causes are sufficient to produce marked circulatory and temperature disturbances.

MARYLAND

# Medical * Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, FEBRUARY 19, 1898.

**Medical Biographies.**

IT is astonishing how long it has taken physicians to show an interest in the history of their profession and in the lives of the great men of their calling. It is only within the past few years that journals have contained sketches of men whose names are intimately connected with some disease or some operation, and it is only most recently that there have appeared biographies and even autobiographies of men whose memory we should love to cherish.

Of the most notable works in medical history are the small volumes which are appearing under the name of "Masters of Medicine," published by Longmans, Green & Company of New York and edited by the late Mr. Ernest Hart. At present six volumes have been announced, and they are John Hunter, William Harvey, Sir James Y. Simpson, Edward Jenner, Hermann von Helmholtz and William Stokes. Other volumes will be announced in due course of time. The first three mentioned have already appeared and are gems of the bookmaker's art. There is also issued from the house of Putnam's Sons a volume not belonging to this series, of the life of Ambroise Paré. This is written by Stephen Paget, as is also the life of John Hunter, and the author has succeeded in instilling great interest in his descriptions of the manner of work of these men, of their ambitions, of their conceits and of their financial and professional success.

Along with these might be mentioned "The Secret Cabinet of History," by Dr. Cabanès of Paris, which relates the ailments and weaknesses of some of the French monarchs, and shows the attitude of the physicians to royalty and how a king is but a man in the sight of his physician.

In the days of text-books, compends, manuals, many of which are written but to sell, it is a great rest to take up these works on the old masters and see what was accomplished in the face of so many difficulties. There have been also several interesting memoirs in current numbers of medical journals. Dr. Mastin has been contributing to the *Alabama Medical and Surgical Age* his personal recollections of the profession of Philadelphia when he was a student, and Dr. Donald Maclean, one of the ex-presidents of the American Medical Association, in writing in the *Medical Age* of his personal recollections of great men, adds another interesting chapter to the history of medicine.

There are several men in Baltimore whom modesty alone prevents writing their personal recollections of the great men they met in the New and in the Old World. As long as such work is genuine and contains real merit it should be fostered, so that by looking backward we may be helped forward.

* * *

**Medical Partners.**

WHEN physicians enter into a partnership they do not always think of the responsibilities of the position, and should one be more or less skillful than the other it is not generally known that the mistakes of one are binding on the other.

Thus Mr. L. D. Bullette gives an instance in the *International Medical Magazine* of two physicians, father and son, who were in partnership. The son was called to see a fractured arm, but from a combination of neglect and ignorance failed to treat it properly. The unfortunate patient brought suit for damages against both partners, and the father, who had not seen the case until long after it happened, was held responsible as well as the son.

Physicians who enter into a partnership without duly considering these legal responsibilities are always liable to be caught in just such a trap, and should make it a point to see difficult cases together.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 12, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | .. | 25 |
| Phthisis Pulmonalis | .. | 29 |
| Measles | 40 | 4 |
| Whooping Cough | 17 | 2 |
| Pseudo-Membranous Croup and Diphtheria. | 36 | 8 |
| Mumps | .. | .. |
| Scarlet Fever | 17 | 1 |
| Varioloid | .. | .. |
| Varicella | 2 | . |
| Typhoid Fever | 6 | 3 |

Smallpox is prevalent in some parts of Alabama.

A small epidemic of trichinosis has broken out in Berlin.

The State Board of Health held its regular meeting last week.

Dr. C. E. Lemley of Stephens City, Va., died recently, aged thirty-seven.

The Philadelphia water supply is said to be more contaminated than usual.

Dr. George Everhart of Hanover, Pa., has removed to Lauraville, on the Harford road.

Dr. William Lee Howard of Baltimore has been made associate editor of the *Medico-Legal Journal.*

Dr. Robert A. Wheaton, a well-known surgeon of St. Paul, Minn., died at his home last Monday.

Many members of the German Reichstag still oppose the admission of women to the universities.

In the new building at the Johns Hopkins Medical School biology and pharmacology will be taught.

The former pupils of Professor Tarnier of Paris have formed a committee to find means for erecting a monument to his memory.

The American Academy of Medicine has already issued a preliminary programme of its twenty-third annual meeting at Denver in June. Drs. Henry M. Hurd of Baltimore and Rupert Norton of Washington are among those who will read papers.

In the Rochester City Hospital the day is not divided into A. M. and P. M., but the hours are named from one to twenty-four consecutively.

Maryland has 2003 physicians, or 1 to 520.4 inhabitants; the District of Columbia has a ratio of 1 physician to 264.2 inhabitants, and Alaska 1 to 6,410.

Professor Hitzig of Halle has been elected an honorary member of the London Neurological Society in the room of the late Professor du Bois-Reymond.

During 1897 244 children were treated at the Robert Garrett Hospital for Children, 2,532 visits were made at the dispensary and 2,750 prescriptions were put up.

The death is reported of Dr. John Cronyn, one of the most prominent physicians of Buffalo. Dr. Cronyn was a graduate of the Toronto School of Medicine in 1850.

Since the conviction of the unfortunate Dr. Laporte in Paris for so-called malpractice in an obstetrical case, physicians of that city are very chary of assisting ignorant midwives.

The American Dermatological Association will hold its next meeting May 31 and June 1 at the Princeton Inn, Princeton, N. J., and on June 2 at the New York Academy of Medicine.

At the recent Convention of Quarantine Officers of the South Atlantic and Gulf States the Spooner bill, now being pushed in Congress, to form a national public health department, was supported.

Dr. Dawson Williams, for seventeen years assistant editor, and Mr. C. Louis Taylor, for eleven years sub-editor, have been appointed editor and assistant editor, respectively, of the *British Medical Journal.*

Dr. Hiram L. Spicer, formerly Assistant Health Commissioner of Baltimore, died last week at his home in Baltimore, aged fifty-eight. Dr. Spicer was graduated from the University of Maryland in 1860. In 1875 he was coroner and in 1891 was appointed Assistant Health Commissioner.

At a recent meeting of the Obstetrical Society of Cincinnati the following officers were elected: President, Dr. E. S. McKee; vice-president, Dr. W. D. Porter; recording secretary, Dr. Wm. Gillespie; corresponding secretary, Dr. M. A. Tate; treasurer, Dr. George E. Jones; librarian, Dr. Bonnifield.

## Washington Notes.

Mr. H. G. Buehler, formerly of Gettysburg, will lecture March 1 at Memorial Church for the benefit of the Foundling Hospital.

Dr. Kolipenski, in a paper before the Therapeutic Society, February 12, summarized the developments of therapeutics for the year 1897.

At the District Society Dr. Bovée, the essayist, presented "The Causes and Treatment of Retro-deviations of the Uterus," with cases and specimens.

The young man named Russell, who was suspected of having smallpox and sent to the isolation camp to await developments, has about recovered from chicken-pox.

The physicians and druggists of Washington are making a strong protest against the poor service, high rates and excessive restrictions of the local telephone company.

The board of managers of the Central Dispensary and Emergency Hospital has sent out over 1000 bags with the hope that they will be returned Wednesday well filled with donations for the institution.

The death rate increases slightly over the preceding week, there being 102 deaths, twenty-five of which were due to pneumonia. There are forty-eight cases of diphtheria and forty-six of scarlet fever.

At the last meeting of the Microscopical Society Dr. Reyburn read a paper on "Bacteria," giving a history and description of some of the forms with which the pathologist has to deal. The paper was illustrated by lantern slides.

The District will be represented in the Pure Food and Drug Congress by Commissioners Ross, Black and Wight, Frank Hume, Professor Hird, R. N. Harper, Beriah Watkins, Drs. Kober, Tindall and Woodward, Messrs. Davis, Hutchinson, Harries, Trimble, Oyster, Tenney, Mayer, Saunders and Blound.

Elmer L. Gates of Washington is said to have devised a microscope that is destined to revolutionize microscopy. It is said that its magnifying power exceeds the present microscope as much as the latter exceeds the naked eye; that it has readily magnified 3,000,000 diameters, and by increasing the power of the objectives images will ultimately attain a magnification of 100,000,000 diameters.

## Book Reviews.

Wounds in War: The Mechanism of Their Production and Their Treatment. By Surgeon-Colonel W. F. Stevenson (Army Medical Staff), A. B., M. B., M. Ch., Dublin University; Professor of Military Surgery, Army Medical School, Netley. Longmans, Green & Co., 39 Paternoster Row, London. New York and Bombay, 1897.

Since the universal adoption of antiseptic and aseptic methods of treatment of wounds the great powers of the world have not been engaged in extensive wars, and consequently there has been but little opportunity to put into practice, in military surgery, those principles which have done so much to advance surgery as seen in civil life. Amongst the nations, however, which have been engaged in military operations England stands pre-eminent, since there is scarcely a year in which she has not been waging war, though for the most part with savage or semi-civilized tribes, in remote and inaccessible regions. It is especially appropriate, therefore, that a modern work on military surgery should emanate from an English army surgeon, who is also professor of military surgery in the Army Medical School at Netley.

In this duodecimo volume of 419 pages the author attempts to give a systematic treatise on the various wounds encountered by the military surgeon in actual service. The first chapter is devoted to a study of missiles, and we learn that the bullets is use at present are much smaller than those used formerly, and are propelled at such a high velocity as to cause wounds differing but little from incised wounds. "Cure will be easier and fewer men will be mutilated and crippled." In modern warfare wounds received in battle are almost exclusively those denominated as "gunshot," though the savage and simi-civilized races of Asia and Africa make use of the sword, knife, spear and arrow, and a certain number of these casualties will continue to be met with. Surgeon Stevenson gives in detail the injuries inflicted upon the various regions of the body and their treatment, and he quotes very extensively from the "Medical and Surgical History of the War of the Rebellion" and from Longmore and other old authors on military surgery, but the book is disappointing in the fact that there is very little experience adduced from actual recent warfare.

The book is excellent as far as it goes and

will doubtless be a convenient and useful text-book for the young military surgeon, but it only reiterates what may be found in most recent works on surgery. One would think that the surgical history of the more recent English, French, Italian, Turkish, Greek and Japanese wars ought to have furnished considerable experience for illustrating a work on this subject. The time for the publication of an authoritative work on military surgery has not yet arrived.

---

The following books are in press and will soon be issued by the publishers, J. B. Flint & Co., 104 Fulton street, New York: "Flint's Encyclopedia of Medicine and Surgery," second (1898) edition, 1,555 pages, revised with the assistance of fifty-six contributors and thoroughly in line with recent advances in medical science. Cloth, $5; leather or half morocco, $6. "Hartley-Auvard System of Obstetrics," third (1898) edition, 436 pages, 543 illustrations. Revised by Dr. John D. Hartley. This work is essentially Auvard, and embodies the author's personal experience; the text is clearly pictured by hundreds of original drawings to be found in no other book. Cloth, $4; leather or half morocco, $5. "Pozzi System of Gynecology," third edition. Revised by Dr. John D. Hartley.

---

## REPRINTS, ETC., RECEIVED.

Cases of Papilloma of the Ovary. By Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette.*

The Conservative Treatment of the Myomatous Uterus. By Hunter Robb, M. D. Reprint from the *American Journal of Obstetrics.*

The Present Status of Preventative Means Against the Spread of Tuberculosis in the Various States of the Union Critically Reviewed. By S. A. Knopf, M. D. Reprint from the *Medical Record.*

Secondary Abdominal Pregnancy After Traumatic Rupture of the Uterus in the Fourth Month. Laparotomy. Recovery. By Hunter Robb, M. D. Reprint from the *Cleveland Medical Gazette.*

A Case of Cerebral Abscess Situated at the Posterior Part of the External Capsule. By Charles K. Mills, M. D., and Wm. G. Spiller, M. D. Reprint from the *Journal of Nervous and Mental Disease.*

## Current Editorial Comment.

### OLD TRADITIONS.

*Charlotte Medical Journal.*

Although we live in an age of enlightenment, surrounded by a high degree of civilization, the mass of the people are not yet out of the woods of barbarism, when their ideas of medicine are examined. The lay public still retain many crude and absurd ideas in regard to disease and its cure that are beyond the pale of even common sense. Strange to say, many of these "old woman" traditions find credence among people quite intelligent in other matters than medicine.

---

### DISPENSARY ABUSE.

*British Medical Journal.*

If a satisfactory solution of the difficulty is to be found it must be recognized by those responsible for the management of hospitals and by the public at large that the prevention of the abuse of out-patient departments is not merely a medical question. The intelligence of all who are interested in our hospitals, and of the outside public both poor and rich, should be brought to bear on the question, and it should be recognized that it is not a contentious question. The word "abuse" is not used as implying conscious wrongdoing.

---

### TYPHOID FEVER.

*Lancet.*

It would be instructive as a matter of medical history to trace the evolution of opinion upon typhoid fever, the growth of the conviction that infection takes place mainly by way of the alimentary tract, where the morbid lesions characteristic of the disease are to be found; the notion that contamination of ingesta, especially of water, by the products of fecal fermentation was responsible in great measure for infection; the final arrival at the point where we now stand, namely, that typhoid fever never arises *de novo*, but that its living germ—the typhoid bacillus—must be transmitted from the sick to the healthy mostly by means of the intestinal evacuations, but also not improbably by the urine and the breath. It may still be a moot point whether under certain conditions this microbe can exist even for long periods outside the body, just as it seems to be proved that it may long remain in the body after all of the evidences of its toxic action have passed away.

# PROGRESS IN MEDICAL SCIENCE.

## SHOULD A CITY RUN A MEDICINE FACTORY?

[Reprinted from the *Pharmaceutical Era*, December 30, 1897.]

SHOULD a city engage in the drug business? This question is being quite extensively asked just at present with reference to the two-year-old experiment of New York's Board of Health in making diphtheria antitoxin for free use and distribution. The history of this enterprise is briefly set forth in a paper read at the British Medical Association meeting in Montreal September 1, 1897, by Dr. Herman M. Biggs, pathologist and director of the bacteriological laboratory or the city's antitoxin factory.

From the point of view of Dr. Biggs and the Health Board this may be all right and proper, but it does not strike us that it is. The same principle carried to its logical and farthest extension would entirely kill private enterprise. The city might just as logically supply free boots to all sufferers from cold feet, might just as well supply free all the necessaries of the people.

Attention has been called several times to this rather striking instance of paternalism. We might cite instance after instance of parallelism, and make comparison with various other State and municipal experiments in paternalization, and, looked at from all sides, this question would, we believe, be seen to work out against the position maintained by those now upholding it. There is one, point, however, which has not heretofore been dwelt upon very strongly, if at all, and that is that this city's connection with the drug business through the manufacture and sale of antitoxin is maintained at a cost which is a very heavy expense to the people and an absolute and foolish waste of public money. From Dr. Biggs' statements it would seem that the only expense is $30,000, but this is not so. The cost of the antitoxin manufactured is about $60,000, of which the antitoxin fund furnishes half and the other $30,000 is taken out of other funds within the reach of the Health Department.

But even leaving out of consideration both the moral and political aspects of the case, a glance at it from a purely business point of view will disclose that it is a most unsatisfactory proceeding. During 1896, as Dr. Biggs reports, there were examined 25,049 cultures for diphtheritic bacilli; 1856 specimens from cases of suspected tuberculosis were examined; 16,796 vials of diphtheria antitoxin were issued; 918 cases of diphtheria were treated in their homes by the medical attachés of the laboratory, and 1214 persons were immunized. All these at a cost to the city of $60,000, and at the expense, too, of legitimate trade in this line. We are told that private manufacturers could give equally good material, service and all, for $10,000. So that the taxpayer goes down into his pocket for $50,000 or so, and pays an exorbitant price for what he could get in open market at reasonable figures.

It is all right and proper enough for the city and its Board of Health to establish certain standards for the medicines it uses and to compel all manufacturers of such medicines who wish their goods to be used to comply with these standards, but it is going a little too far when it enters upon the manufacture of the medicines themselves. It cannot be argued that the city is in this business for the protection of the public. There is a State law which provides for the inspection of all antidiphtheritic serums by a board of examiners, and this board of examiners could give this same protection, and is expected to give it. So, looking at the case from all standpoints, there seems to be very little of argument in support of the city's position.

---

SANMETTO IN INCONTINENCE OF URINE.—I used Sanmetto in a case of a lady forty years of age, who could not retain her urine more than one hour for years. She had been under treatment before, without any remarkable result. I put her on teaspoonful doses of Sanmetto four times daily, and her improvement was very marked, and she is now practically cured. I desire to keep Sanmetto on hand, as there is nothing better to fill its place in such cases.—FRED. A. GOEDECKE, M. D., Milwaukee, Wis.

DOUBLE EXTRA POTENT.—Improvements in the concentration of antitoxic serum have been in order from the first, but the most recent is by all odds the greatest. A serum of 1,000 antitoxic units is now supplied by H. K. Mulford Co. and constitutes the most highly concentrated product that has ever been offered to the medical profession. It marks a great advance and reflects much credit upon the producers.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 20. BALTIMORE, FEBRUARY 26, 1898. Whole No. 883

## Original Articles.

# UNUSUAL CASES OF UTERINE HEMORRHAGE.

*By William Pawson Chunn, M.D.,*
Baltimore.

READ BEFORE THE GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

In the present instance I have made bold to present a few facts from personal experience, believing that a man learns most from those cases he observes closest. Such observation leads me to affirm, among other things, that an empty womb does not bleed, and, speaking generally, this assertion affords us a safe working hypothesis. Cases to the contrary are rare. Still, occasionally, we do see such cases and also read of them under the name of idiopathic hemorrhage. Some of the so-called idiopathic bleeders will be found under thorough examination to present adequate cause and physical signs to fully account for the abnormal symptoms, while others, even after the strictest search, reveal nothing. Of the last-named class, namely, where even an autopsy would not disclose a cause for the hemorrhage, I have never seen an instance.

Two cases have come under my care, however, where autopsies did demonstrate the cause of excessive hemorrhage, which hemorrhage during life was called idiopathic. It must be borne in mind, however, that what is idiopathic in the sight of one man may not be so to another. So I merely mean to say that in regard to this class of cases I was unable to attribute a specific cause for the signs and symptoms described. It is admitted, so far as the contrary may not be proved, that one man may have a more sensitive touch than others, just as one man can see better or weigh heavier than his neighbors.

Upon reflection, however, it seems quite certain that the first two cases here spoken of, even within a period of the last five or six years, would have been classed as idiopathic bleeders. This is, of course, only another way of saying that we cannot see or feel everything inside of a living woman. This fact seems quite clearly illustrated by my first case.

Case I had suffered many years from continual uterine hemorrhage. The patient was a widow, aged thirty-two years, never having been pregnant. Her trouble began with her first menstruation and continued almost without cessation until I saw her. There was no alarming flooding at any time to endanger life, but what might be called an unexpected weeping away was liable to appear when least expected, and had induced the patient to seek far and wide for relief. Strange to say, the subject of this very worrying infirmity was of fine physique and weighed 160 pounds.

The family history was inquired into minutely, but nothing of importance was discovered. Bimanual palpation and rectal touch under chloroform did not result in a diagnosis, but at the same time a steel dilator was used to explore the uterine cavity, which, aided by a curette, was expected to furnish a much-desired diagnosis. This wish was not realized, however, as nothing came away but a little blood and a few shreds of mucous membrane, which showed no pathological change.

As a result of the operation the woman was relieved of hemorrhage for some three months, a result I have frequently seen occur after mechanical dilitation, but cannot explain. After the three months had elapsed the bleeding returned and was as bad as ever. A tent was placed in the cervix and the inside of the uterus was carefully examined by the finger. No abnormality was detected; and remedies and diagnosis having alike been found wanting the patient very promptly refused further treatment.

Sometime afterward, under the care of another physician, death occurred suddenly, and an autopsy, among other things, showed pelvic inflammation of recent origin, both ovaries being slightly enlarged and containing a minute quantity of pus. With no pain, pulse and temperature normal, and tuberculosis and gonorrhea being excluded, this case would seem to come under the heading "unusual."

Case II was somewhat like the preceding, only there was a suspicion of a former attack of gonorrhea, which could not, however, be verified. There was no particular pain, pulse and temperature being normal. The patient was unmarried, twenty-four years of age and had never been pregnant. There was, however, an irregular sanguineous discharge, which had not yielded to treatment. Rest in bed, hot water and the usual astringents were tried without success, and a curetting brought nothing away upon which to base a diagnosis. The pelvic organs were normal as to size and position, no particular pain being manifested by pressure.

This patient, after being treated by a number of physicians, eventually died of septic peritonitis, and it so happened I was present at the autopsy. As in the first case here related, both ovaries were slightly enlarged and contained a few drops of pus. Both cases died of peritonitis, which seemed to have a starting point in the ovaries, and the curious part about it was that during life no particular symptoms or signs of ovarian disease was discovered in either case.

It seems plausible to suppose that in these cases the ovaries were diseased for a long time, but did not go on to active suppuration until immediately before death. In looking backward it would seem that the desirability of an operation was not sufficiently impressed on the minds of these two patients, but where the diagnosis is in doubt the responsibility of the operation is always a matter of greater moment.

Case III applied for treatment a short time after the preceding, and presented a somewhat similar history. This woman was twenty-six years of age, unmarried, never pregnant and of good weight and statue. It was found that the menstrual period had been irregular for a number of years, that the flow had been profuse at each period and prolonged, and, in addition, would appear in between the regular periods in such a way as to afford much misery and inconvenience. The uterus was retroverted, which was the only abnormality apparent to the touch.

Patience and drugs having been exhausted, it was decided to try the effects of a vaginal pessary in hopes that, with the womb in place, the trouble would cease. It seems, however, this was too much to be expected of the pessary, as the bleeding continued as usual. So, bearing in mind the history of the preceding cases, and in view of the fact that the ovaries were somewhat prolapsed and could be felt in the present instance, it was finally decided to remove these organs.

It is hardly necessary to state that before doing this operation the usual course mentioned in the text-books was faithfully carried out, astringents, curettings, dilatings and rest in bed having reduced the woman to such a state of mind that a celiotomy was regarded as a mere trifle. This operation was performed in the usual way and both ovaries removed. It is only fair and right to state here that these organs were not extirpated simply because they happened to be the woman's ovaries, but because they were diseased. Had they not presented a diseased appearance they would, so far as the writer is concerned, be still in the possession of the owner.

This patient recovered and the bleeding ceased.

It is rare to find such cases where it becomes necessary to do oöphorectomy to stop hemorrhage only, and unusual to do that operation without first having made a specific diagnosis. Formerly, many physicians made the diagnosis after the belly was opened, some not even then, but at present most surgeons make the diagnosis before operation. This has been considered by many to be of such importance as to give rise to the saying that with a correct diagnosis the patient is already half cured.

Case IV, in one respect at least, differed from the others in that the diagnosis was made before operation, and also in the fact that the operation was difficult, while the diagnosis was easy, which in the first three cases was exactly the opposite. This woman resided in the country and elected to have the operation done at her house. She was the mother of three children, the youngest being four years old. As in the other cases already mentioned, hemorrhage was the chief sign, and had for the space of a year been the source of much discomfort and ill-health.

The cause was quite apparent, as examination showed a tumor growing from the fundus of the uterus. The word apparent is here used only with regard to the sense of touch, as the growth was wholly concealed within the uterus and was entirely removed from the sense of sight. It hung by a small pedicle and was of a particularly nimble variety. Indeed, it may be truly said it swayed with every breath. The various forms of pregnancy having been excluded, the diagnosis lay between a myoma and an inverted uterus. Inversion was excluded, as bimanual palpation showed the body of the womb to be in normal position.

A suitable table having been borrowed from a neighbor, the patient was etherized and it was endeavored to pass a pair of curved scissors up to the fundus, so as to sever the pedicle. This was found impracticable, as it was found impossible to tell just where the point of the scissors was, judging simply by the direction of the projecting handles, and consequently I was afraid to cut for fear of wounding the uterus. Although the cervix was dilated, there was not room to manipulate the scissors inside the womb and it was impossible to pull the tumor through the cervix, because the cervix was not sufficiently dilated.

Finally, I held the growth with a vuselum forceps and slipped a stiff wire ecraseur over the handle of the same and along over the growth up to the fundus. By tightening the wire the pedicle was cut through. In trying to pull the tumor through the cervix the forceps tore out and left the growth inside the uterus, and although, theoretically, it would seem easy to extract the foreign body, practically it was far different.

After a number of efforts the growth was finally pulled through the cervix. Outside the unusual difficulty superinduced by the origin of the growth, assistants were scarce and the operation was begun with the patient in Sims' position, with the woman on the left side, a position which has been much in vogue in this country. With a trained anesthetizer and a trained assistant to hold the speculum Sims' position answers in some cases, but in many cases the assistant gives out and the slightest movement on the part of the patient so obscures the field of vision as to render further action impossible. It is better under such circumstances to begin with the patient in the lithotomy position, with the limbs held out of the way by a leg-holder, and with a speculum which is many times self-retaining in the dorsal position.

Case V was an emergency case and presented quite an unusual history. Patient was twenty-three years old, married and had one child ten days old when I first saw her. I discovered subsequently from her physician that she had a perfectly uneventful puerperum. On the ninth day she sat up, feeling very well, and on the morning of the tenth day was preparing to get out of bed when she suddenly sustained a most frightful hemorrhage. It seems the nurse was about to administer a vaginal douche, when without rhyme or reason a great flow of blood took place, so that the douche pan was almost filled with that fluid, and the patient, vomiting, immediately sank exhausted.

Nothing was found but blood-clots and fluid blood; no remains of placenta or secundines could be seen. The pulse was imperceptible, air-hunger was a prominent symptom, and great restlessness indicated profound nervous shock. After using an antiseptic wash the womb was examined; the cervix readily admitted a finger and a clot was felt within the uterus, and I let it stay there. It seemed to me she was about to die, and I reasoned it was better to let her die than to kill her. It is freely admitted that the temptation was great to clean out the uterus. However, I simply gave her plenty of ergot hypodermically and a salt solution by the rectum, and she finally got entirely well.

Uterine hemorrhages of such a severe type, ten days after a normal labor, accompanied by a perfectly uneventful puerperium, are rarely met with.

In conclusion, it would seem well to mention the good effect of ergot in stopping the hemorrhage in the puerpural case here spoken of, and in the light of other experience in like cases the drug has appeared by its successful action to negative the assertion that it should be banished from the lying-in chamber.

---

## AN EXHIBITION OF SPECIMENS.

*By Dr. William Sydney Thayer,*

Associate in Medicine Johns Hopkins University, Resident Physician Johns Hopkins Hospital, etc., Baltimore.

SECRETARY'S REPORT OF REMARKS MADE BEFORE THE CLINICAL SOCIETY OF MARYLAND, DECEMBER 17, 1897.

THE specimen which I wish to exhibit came from a case which has interested us a great deal in the Johns Hopkins Hospital during the past ten days and in which the autopsy did not confirm our diagnosis. Yet I am inclined to think should we meet the same case again we would make the same diagnosis.

The man, aged forty-three, entered the hospital in September, complaining of weakness and shortness of breath. His family history was good, and nothing in his own history had any particular bearing upon the case. He had been a very heavy drinker, taking several before breakfast and a number during the rest of the day, though he said he did not consider that heavy drinking. Five weeks before we saw him he went to bed and remained there. Two weeks before he had had nose-bleed and for several weeks there had been diarrhea. His appetite was bad, but there was no nausea or vomiting. Ten days before entering the hospital a slight jaundice had developed. For two weeks he had been complaining of shortness of breath.

On the day of entrance he was a large, fat, heavy man, quite deeply jaundiced, looked ill and typhoidal in expression. The pupils were somewhat dilated, the tongue dry and glazed and sordes covered the teeth and lips. His pulse was from 115 to 125 and rather soft; temperature, 103°. His urine had a specific gravity of 1020, with no albumen. There were 5,000,000 red blood corpuscles per cubic millimeter, with a leucocytosis of 16,000. The general appearance of the patient and the continued fever led us to make a Widal test. We found that with a dilution of 1 to 10 a positive reaction was given, but with any greater dilution the reaction was not obtained; in other words, it was a suggestive though not a positive Widal.

The patient's thorax was negative, barring a few fine rales at the apices. The abdomen was distended and rather tense, the liver dullness began high in the fifth space and the lower border of the liver could be distinctly felt. The spleen was not palpable. No rose spots could be made out, but the patient had a history and appearance rather suggestive of typhoid fever.

The day after entering he had a fluid stool, consisting almost entirely of fresh blood. The rectum was examined and found negative. On the following day the patient had four fluid stools, about 400 cc. in all, consisting largely of blood. An examination of the urine at this time showed a quantity of bile pigment, some mucin and acetone. During the evening of the 14th the patient had another profuse hemorrhage from the bowels, losing

600 or 700 cc. of apparently nearly pure blood. He became very weak, and we gave a subcutaneous injection of 1,000 cc. of normal salt solution. He did not rally, however, but died the next morning between 9 and 10 o'clock. I pass his chart around, and you will note that during the time in the hospital his temperature was twice below normal, first on the day he entered and again just before death, when it fell on account of the hemorrhages. At other times it was high.

The history and symptoms of the case suggested several possibilities to us. In the first place we thought the case might be one of rather rapid hypertrophic cirrhosis. He had been a drinker, had jaundice and had mucin in the urine; but there were certain other features not easily explicable. Why did he have such marked tymponitis, and how could we account for the hemorrhages from the bowel? One might expect hemorrhages, but it would be rather hard to account for such profuse hemorrhages as those from the bowel alone without evidences of hemorrhages elsewhere. The blood came as if from a large vessel, and the question arose, especially in view of the suggestive Widal reaction, whether it might not be typhoid fever. An uncomplicated case, of course, it could not be, but the continued fever, abdominal distension, diarrhea, nose-bleed and Widal test seemed to lead that way.

A Widal gotten with the small dilution of 1 to 10 is not by any means a positive reaction, but it is quite possible that it might be obtained in that dilution, owing to other substances in the blood serum.

How could we account for the jaundice? A good many cases associated with typhoid fever have been reported due to gall stones, but we should then expect pain in that region, which was not present. We thought it was not impossible in this case that typhoid had come on in a man who, from his history, had hypertrophic cirrhosis, and that there was extensive destruction of the liver tissue. We did not think of another possibility which we should have thought of and which the autopsy revealed.

The patient died, and the autopsy revealed, as you see here, an enormous liver filled with large cancerous nodules, some of which were soft and necrotic in the middle. In the sigmoid flexure, about twenty centimeters from the rectum, there was this large mass, about the size of the fist, a medullary, melano-carcinoma, which almost blocked the intestine. This finding entirely accounted for the symptoms of the case. He had a primary adeno-carcinoma, with secondary involvement of the liver. The rapidly-growing tumor brought about the continued fever, the obstruction by the tumor has caused the tympanites, and the hemorrhage from the ulcerating tumor mass explained the large amount of bleeding. This was a large enough mass to have been felt with perfect ease, but that the patient was a very fat man, his abdominal walls being one and one-half inches thick and the abdomen so tympanitic that it was impossible to feel the mass, though he had been examined carefully by the rectum.

We have had one instance in the hospital in which this diagnosis was made and cleared up by autopsy, and I saw a case in Boston in which we did not make a wrong diagnosis, simply because we saw the case early. The last was a boy aged fifteen, with no jaundice, no fever, but symptoms of enlarged glands in the groin and neck, and under observation began to have a gradual rise of temperature, the fever going up step by step until it reached 105°, where it remained for ten days, and then gradually fell to normal, the curve being almost exactly like Liebermeister's typhoid curve.

The other case was that of a man who entered the hospital three years ago, during the summer, with the history of a vague fever that had then fallen to normal. After three or four days he had a rise of temperature, a typical typhoid chart, slight abdominal symptoms, the liver moderately enlarged only so that our attention was not drawn to it during life, slight abdominal tenderness and slight jaundice. Our diagnosis was typhoid, with jaundice, but when he died two or three weeks later the autopsy showed a melano-lymphoma starting in the mesenteric glands and spreading rapidly through the liver. I think we would

probably make the same diagnosis in another case of the kind unless per chance we could feel the mass in the rectum.

There are one or two things I should like to say in regard to the Widal test in this case. A Widal reaction, when the serum is not diluted more than 1 to 10, should not be regarded as too positive. In most typhoid cases a good reaction is gotten with a dilution of 1 to 100 or 1 to 150, and in a case where the serum is so slightly diluted it is possible that you may get clumping from the bactericidal reaction of the serum. On the other hand, we should not use a Widal test in too positive a way in making a diagnosis of typhoid. We must not forget that that power in blood serum may remain present for a considerable time after typhoid begins. The absence of a Widal test during the course of typhoid should not make us abandon the diagnosis either, for we have had two cases out of the last forty-eight that give no Widal reaction whatever during the course of the fever, but gave them two weeks after the typhoid symptoms had disappeared. We have had one case to leave the hospital before the end of convalescence and against advice where the reaction did not appear. I think one must be a little bit careful, and I fear we all have a tendency to grasp at diagnostic signs, but there is hardly any disease in which any one sign is diagnostic.

## AN UNUSUAL CASE OF STENOSIS OF THE NASAL PASSAGES.

*By John N. Mackenzie, M.D.,*
Laryngologist to the Johns Hopkins Hospital.

SECRETARY'S REPORT OF REMARKS MADE BEFORE THE CLINICAL SOCIETY OF MARYLAND, DECEMBER 17, 1897.

THE story of the case which forms the text of my remarks is very briefly told. Mrs. B. came to me with the following history: The preceding February she had a very severe attack of diphtheria. Recovery was very slow, and was accompanied by inability to breathe through either nostril. She consulted a local specialist, who used the cautery with more or less disastrous effect. She came here in May, and instead of the normal appearances of the passages there was almost complete atresia of one nostril by two masses and almost the same condition in the other.

The right side was operated upon, and in order to get sufficient room to operate the body was drilled through with a trephine drill. Very profuse hemorrhage followed, and the nose had to be plugged. She bled again on the following day on removal of the plug, and it was not until the fourth day that we succeeded in controlling the hemorrhage. She was in poor health, and found when she arrived here that she had some uterine trouble and also some eye trouble. I thought it best for her to travel around the rest of the summer, and she did so. In October she returned and I operated upon her.

I bring this case before you as a type of cases quite often met with in practice, which nobody wants to treat, and so they drift along from man to man until they fall into the hands of the specialist, and even when they have reached this blessed haven of rest their troubles do not always come to an end. These cases are like the old bladder cases which the surgeon has to deal with, and they remind me of the remark of an old physician who thought that one ought not to trouble with deflected septa, for they were put there by the grace of God and should be let alone.

Congenital deformities are more common than we generally suppose, that is, abnormalities of the posterior part of the nasal passages are more common than we would infer from what we see in the books, but we must consider the fact that many of these deformities are indirectly removed from sight and do not interfere with the comfort of the possessor. Since my attention was first directed to the fact I have found them quite often. In that wonderful book which is as full of variety as nature itself, the Natural History of Pliny, we are told that children born in the seventh month shall have noses and ears imperfect.

Among the causes of acquired occlusion may be mentioned the ulcerative processes, syphilis, diphtheria, etc. And

they are occasionally due to trauma and not infrequently to bad surgery, especially the use of the galvano-cautery. There are some men that use the galvano-cautery in the nose for every disease from tuberculosis to the bellyache. Their rule seems to be in case of doubt apply the cautery to the nasal mucous membrane. My experience with the treatment of these cases with the cautery is very slight, but the experience of others is that it accomplishes more harm than good. The character of the operation to be performed depends upon the nature of the deformity, and the operation will often tax the ingenuity of the surgeon. We must resort to a prolonged operation.

The instruments used are the long drill, such as is used by the dentists, and into this is fitted a circular trephine and the whole is attached to a hand or electric motor. Having bored through the obstruction as far as possible, the next step is to fit in a large bore drill, and the opening is thus widened. There is, as a rule, considerable hemorrhage after the operation, but this is the only way in which we can get a passage way through an obstruction of this sort. In an operation of this kind we want the co-operation of the patient, and, therefore, it is best not to give a general anesthetic. The operation is not a painful one.

In operating in the deeper parts of the nostril it is well to put the finger into the orifice to act as a guide, otherwise a great deal of damage may be done. There is a great deal of reckless surgery being done every day in the nose. I have in many places advocated the most radical measures in dealing with diseases of the upper air passages, and if you wish to look up my record on that subject you will find it in cold type, but I wish to inveigh against the reckless surgery we see now, especially with the cautery. At the Montreal meeting recently I remarked that much of the reckless surgery of Great Britain was instigated by some of the literature from this side of the Atlantic, and that the reason we did not have worse results was due to the operation of that mysterious something which we know as the grace of God.

# INFANTILE SCURVY WITH REPORT OF A CASE.

*By C. W. Mitchell, A.M., M.D.,*
Professor of Diseases of Children and Clinical Medicine in the University of Maryland.

SECRETARY'S REPORT OF REMARKS MADE BEFORE THE CLINICAL SOCIETY OF MARYLAND, DECEMBER, 17, 1897.

THE case which I wish to report is one which was referred to me by the kindness of Dr. Tiffany. The case was a child of fourteen months, whose parents resided in a small town in the northern part of Pennsylvania, the only child of very well-to-do parents and the mother a woman of very great intelligence.

I think in a case of this kind it is not amiss to go into the history as reported by the mother, which is about as follows: "The child was born in March, 1896; was well-formed and weighed nine and one-half pounds. At the end of one month its weight was eight pounds, and at the age of two weeks it was found that the mother had an insufficient supply of milk and the child was put upon cow's milk, which disagreed with it, and artificial food was substituted. He continued to be very small until November, but by January he had cut seven teeth. In March I noticed he was rather fretful and timid about noticing strangers. I picked him up one morning and he screamed out as if with pain, and continued screaming for some time. Finally, he went to sleep, but when he awoke was fretful.

"He went along all right for a day or two, but one morning when I touched his heel in putting on his socks he began to scream again. I noticed after this that he did not move that leg at all. My physician feared hip-joint disease, and a consultant advised a plaster cast, but after ten days' trial they noticed that the other leg seemed affected. The surgeon then said he would remove the cast, and I was directed to keep the child as quiet as possible and watch him. He had lost his appetite and perspired freely about the head. The day after the cast was removed I noticed the child's gums around the four upper teeth looked red, as if blood had settled there."

The parents then brought the child to Dr. Tiffany with a diagnosis of coxalgia, which diagnosis Dr. Tiffany did not agree in. After observing the case for a few days he advised a consultation with a neurologist. This was held, and it was decided that there was nothing wrong with the nerves of the extremities. Then the child was put in splints by Dr. Tiffany, and at the end of ten days, the child's condition not having improved at all, I was asked to see him. Orange juice was ordered at once. He was fed on milk and cream, and in two weeks's time you could handle him easily without pain, and his recovery from that time on was steady and complete.

From January to July he cut no teeth, but now he has nearly all of them. Several times during his illness he had hemorrhage from the nose. At the time I saw the child first he was lying motionless on the cot, with a look of extreme anxiety. The countenance and complexion of the child was of a muddy hue. Examination showed that he was of good size and not particularly anemic. There was about the head no sign of rickets, no protusion of the eyes nor any tendency to chemosis of the face. The child had seven teeth, and on the surface of the gum in the neighborhood of the teeth the tissues were very greatly swollen, soft and spongy, bleeding very easily and of a dark color. The portions of the gum not in relation with the teeth were perfectly normal and showed no tendency to bleed upon rather rough handling.

The child had quite active febrile movement, the temperature being at first 102 2-5°, with a pulse of 140. The joint symptoms were remarkable on account of the large number of joints involved. The right thigh was considerably enlarged throughout its entire length, and the left was enlarged at the upper and lower extremities. Any movement gave rise to a scream from the child. The upper part of the femur was the site of a very dense elastic tumor, which did not pit on pressure and was not attended by any local elevation of temperature. There was a very considerable enlargement along the sheath of the femur, and at the epiphyses there was a tumor. The lower extremity of the tibia of the left leg was also affected. On the right side the upper portion of the thigh seemed perfectly normal, but below the knee there was a large, dense elastic tumor corresponding to that of the opposite side.

The condition looked at casually was one suggestive of rickets, and the sensitiveness on pressure, coupled with the febrile movement, explained to my mind clearly why some years ago these cases were classified as acute rickets, but it is very well known now that while there is a coincident occurrence, there is no relationship between them.

The diagnosis of scurvy was made at once, and orange juice was ordered in tablespoonful doses three times a day. The child was put upon milk and cream, and my reason for having this begun while under my charge was that, knowing that they lived out of the city, I thought the mother ought to be prepared for making the modified food herself. The condition of the child led me to believe that it would be unwise to feed it according to its age, so I put it upon food low in proteids, and after four or five days began to increase this percentage. In two days the child began to move the toes and fingers slightly; in four days the temperature had subsided to normal, and movements of the foot had extended to movements of the ankle. The child went home well at the end of three weeks.

I wish to call attention to the characteristic history as narrated by the mother. It corresponds almost exactly with the details of a case given in Holt's Book.

In answer to the question as to whether or not sterilized milk causes scurvy, I should say, yes, but not because it is sterilized. I believe it has been followed by scurvy because the sterilization is, as a rule, thought to be all that is necessary for the proper modification of the milk. The public is educated to appreciate the value of sterilization and is apt to feel too much security in it. The digestion is not thought of, and I think that is the explanation of the fact that sterilized milk is employed in institutions without the appearance of scurvy, for there care is taken to look after its preparation for digestion.

Between 65 and 70 per cent. of all cases recorded have occurred in children fed upon proprietary foods. This is not on account of any great deficiency in this food more than in any other, but because it is most widely used. The use of proprietary foods is followed by scurvy, because all of them are deficient in fats. This disease is absolutely preventable, and it is growing in frequency only because of the increasing inability of the average American mother to nourish her own child and the consequent increased use of the proprietary foods.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD DECEMBER 17, 1897.

In the absence of the president and vice-president, Dr. T. A. Ashby was called to the chair to act as president *pro tem.*

The following gentlemen were elected to membership in the society: Drs. S. B. Grimes, C. D. Steenken, N. Hermann and S. M. Cone.

*Dr. W. S. Thayer* then gave an "Exhibition of Specimens" (see page 348).

*Dr. N. G. Keirle:* I do not think it possible to add anything to this very lucid description, and I think it would have been almost impossible to have diagnosed the nature of the disease. Taking all the circumstances together, I do not see how it would have been possible to escape the diagnosis of typhoid fever.

*Dr. Dickson* exhibited a new nasal speculum, especially designed to give a large working space in the nostril when the instrument was in place.

*Dr. John N. Mackenzie* then reported an "Unusual Case of Stenosis of the Nasal Passages" (see page 350).

*Dr. Merrick:* I have listened to Dr. Mackenzie's remarks with much pleasure and edification. The case reported must have been a remarkable one and rather rare. There is one thing that surprised me somewhat, and that was the statement that deformities in the posterior septum are not so rare as the textbooks would lead us to suppose. I have no knowledge of but one case in literature of deformity of the septum posteriorly. Out of some 2,000 cases examined by Mackenzie there were 1,600 anterior deflections, and it has been stated that 90 per cent. of all cases have abnormalities of the septum. One that does not produce pathological symptoms, though does not deserve the name, and perhaps at least 25 per cent. of them should be thrown out. From the drawing on the board I would take it that the construction in this case was not altogether in the septum, but in the turbinates as well; but from the description of the operation I imagine that most of it must have been in the septum. I have one of these cases on hand now that I have been putting off for a long time, because I did not want to undertake it, for in this class of cases you have to operate in conditions that are extremely hard to manage and come out of with satisfactory results. If Dr. Mackenzie gets a good result here it will be a feather in his cap, for not even a specialist wishes to get hold of such a case often.

*Dr. Bernstein:* Personally I have not operated upon such a case, but my friend, Dr. John Winslow, saw such a case recently. It was a young man with a complete obstruction, and we both wished for a dental drill with which to do the work. Dr. Winslow very successfully overcame the difficulty by burning several holes in the occluding mass with chromic acid, and, then went to work with a knife and saw. Of course, in such a case as the one reported this evening the use of chromic acid would be out of the question.

I am glad to hear what Dr. Mackenzie has to say about the cautery, for the longer I practice the less I believe in its use. There is one point in the way of overcoming these difficulties that has not been mentioned, and that is the use of electrolysis, and I imagine it would be less painful and less harrowing than the use of a drill. I have not used electrolysis, but Castleberg of Chicago has reported numerous cases. The drill is extremely dangerous, except in the hands of such an expert as Dr. Mackenzie. You

have more hemorrhage and work somewhat in the dark.

*Dr. Mackenzie:* I did not desire to precipitate a discussion of deflections. The particular case I reported is rare in that so much occlusion existed. Not only so complete, but such a long stretch of newformed tissue and all the anatomical relations of the parts were destroyed. You would not know it was a nose to look inside it. The first case of deflection of the posterior portion was reported by me in 1883, and three cases have been reported since. In my case the vomer was prolonged backwards and divided the naso-pharynx into two halves. In regard to the use of electrolysis in a case of this sort I think it is not by any means as painless an operation as it is supposed to be.

*Dr. C. W. Mitchell* then reported a "Case of Infantile Scurvy" (see page 351).

*Dr. Finney:* I did not know that this case was to be reported this evening, and as I have not complete notes of a case which I saw I can only give it from memory. I saw the patient about a year ago. It was a girl about fourteen months old, the child of parents in good circumstances living in Washington. The child could not be nourished by the mother and had been fed artificial foods. I was struck at once by the extreme and peculiar pallor of the child and its position. It was lying on the back, with the knees flexed, the legs abducted and any motion would cause it to cry out. The mother stated that a swelling began in the left ankle, then the left knee and continued progressively increasing in size, until when I saw the child there was marked swelling of each tibia and femur. I found on examination that there was intense pain, and I thought the swellings fluctuated slightly. There was some temperature, but not much.

The question of diagnosis, of course, came up, and as I had never seen a condition like this, and as the history of the mother's family was strongly tuberculous, I made the diagnosis of multiple epiphysitis. I made incision in the swellings, and as far as I can find out from the literature this is the first case of infantile scurvy treated by operation. The most I can say for it is that it did not seem to do any harm. I packed the wound and did not know what the condition was. I opened each swelling, evacuated the contents and tucked in a bit of gauze in each case. On thinking the matter over I came to the conclusion that the condition was that of infantile scurvy. I immediately sent for Dr. Booker, who saw the child that evening and confirmed this diagnosis. The child was put on proper diet and the cure was rapid and satisfactory.

It is rather interesting that only since 1894 has this disease been recognized in children; first by an Englishman and almost simultaneously by Dr. Northrup in this country. He reported 114 cases found in literature, many of which had been called acute rachitis.

*Dr. Thayer:* I had the fortune last summer to see a case in many ways like these. It was a child nearly two years old that had started to walk some months before and then had stopped altogether. The child was small for its age, with a large head, and it lay perfectly motionless. It kept up a little, low moan most of the time and cried whenever its legs were touched. I did not feel at all clear as to the nature of the case and sent for Dr. Booker. He at once asked about the food, and found that it had been fed on artificial food. It was put on proper food and soon got well. Dr. Booker said at the time that he had quite a number of cases, and most of his, I believe, had been using artificial food.

*Dr. Craighill:* About four years ago I had a somewhat similar case, but the child had been fed upon sterilized milk entirely. I had that stopped, and with a proper change of food the child recovered and is now a very strong, healthy girl. I should like to ask Dr. Mitchell if he has ever heard of scurvy being caused by condensed milk.

*Dr. Sanger:* It is rather interesting that just at this time when scurvy is disappearing as a disease of adults we begin to see it in children. A number of years ago I think I gave a child scurvy. It was a strumous child, that could not take milk, and for some time it was kept on the various waters, barley and rice, and

the gums became very characteristic, spongy, etc. The condition disappeared when beef juice and lime juice was added to the diet.

In Dr. Mitchell's case I think the primary mistake was made in taking the child from the breast. I do not know of any cases occurring in nursing infants, and it seems to me we allow mothers to wean their children for too little cause. If more attention was paid to improving the mother's milk we would have much less scurvy. Cow's milk contains some undescribed element; what it is I do not know. Personally, I am somewhat a heretic about the sterilization of milk. I do not believe in it as much as I used to. The more we sterilize it the more we have to modify it. Sterilization at 212° makes it more indigestible than non-sterilized milk. A large percentage of these cases occur in children fed on artificial foods, particularly those prepared with water.

*Dr. Mitchell:* Next to the proprietary foods condensed milk is the greatest offender. I think Dr. Finney was mistaken about his date, and that the disease has been recognized much longer than the period since 1894. If I am not mistaken Northrup's paper appeared in 1890 and the other paper was reported somewhat earlier. I cannot be positive of this, for in anything containing figures I am very weak.

The society then adjourned.

H. O. Reik, M. D., Secretary.

## Medical Progress.

The Treatment of Eczema with Picric Acid.—In an article on this subject in the Nouveau Montpellier Médical for September, 1897, M. A. Brousse remarks that the kerato-plastic property of picric acid, which has been successfully used in burns, seems to indicate that its employment is proper in the treatment of eczema, certain forms of which present great analogies to superficial burns. In 1889, he says, Cerasi employed this drug in seven cases of eczema with excellent results. Dr. McLennan of Glasgow was also very successful in the treatment of acute eczema and eczema of the face with this drug, which he used in a saturated solution. The author himself has obtained rapid recovery in several cases in which he has employed this treatment, the histories of which are given in detail. In cases of lichenoid eczema, with a thick epidermis, the acid was useless, but in acute oozing eczema, accompanied by edema of the skin, it was very useful. Under its influence in one case recovery was obtained in two weeks; in another case, in ten days.

Among the advantages of this treatment are the immediate relief produced by the application of the picric acid solution and the disappearance of the pain, heat and itching; the rapidity with which edematous tumefaction is effaced, and the absolute painlessness of the dressing, even when it is applied to the bare surface of the derma. According to the opinion of the most competent observers, the extensive application of this drug does not give rise to any symptoms of poisoning. Not only is it useful in acute eczema, but it is also useful in acute attacks of chronic eczema, which are so frequent in arthritis, particularly if they are accompanied by oozing and ulceration of the skin; it is equally useful in the seborrheic eczema of infancy. The author states that the results obtained by him with this treatment absolutely confirm those indicated in the publications of Dr. McLennan, M. Gaucher and M. Leredde.

M. Brousse therefore concludes that this treatment is indicated as follows: 1. In acute eczema; 2. In the acute attacks of chronic eczema, particularly if there is a tendency to oozing and ulceration of the skin; 3. In the seborrheic eczema (impetiginous) of infancy. This treatment, he says, is contraindicated in chronic eczema and generally in all those forms of eczema which are accompanied by a thickening of the epidermis (lichenoid eczema). Nevertheless, it has the advantage, even in these cases, of allaying the itching.

* * *

Saving Time.—Convenience means the performance of many things; inconvenience, the neglect of necessary tasks. The average man, says the Richmond

Journal of Practice, will examine urine if his utensils are in or next to his office and if he has a sink into which to throw waste. If he must go up or down stairs for his examinations, or to empty bottles, or if he must push aside writing materials to make room for his test-tubes, he will avoid analysis of urine as much as possible, and will fail in diagnosis in occasional cases. In writing, too, a typewriter will be found easier than a pen or pencil. Hour for hour, more can be written, and with less fatigue, in spite of the greater amount accomplished. A roomy and well-arranged desk is a great time-saver. Have a drawer for each line of work that you happen to be engaged in—one for business, one for science, one for correspondence; set aside a space for every important undertaking that will occupy spare moments for more than a few days; in short, have your notes or letters, or whatever your material may be, so that you can lay them aside at a moment's notice.

Personal comfort is another great factor in increasing one's capacity for work; perhaps it should even be placed before convenient arrangement of materials. Spare your eyes; use a good lamp instead of gas, and make sure of plenty of daylight, not too glaring. Place your furniture so that the light will not be in front of you. All things considered, your private office ought to be the best room in the house for its purpose. If only one room in your house fulfills these demands, take it for the office. Have an easy chair, well cushioned, and preferably one that you can adapt to the height of your desk. In general, make your office as pleasant, convenient and comfortable as possible. Use your brain to the best advantage, and not too long on any one task.

* * *

Gonorrheal Arthritis.—Dr. T. S. K. Morton speaks highly in the Philadelphia Polyclinic of the hot-air treatment for joints and limbs, and urges that it be more extensively employed. Gonorrheal arthritis is especially benefited, Dr. Morton believing the effect produced due to a direct action upon the diplococcus. All cases of injuries (fractures, etc.), sprains, gout, rheumatic and edematous conditions, neuritis (acute, subacute and chronic), old, indurated ulcers, etc., are relieved, some temporarily, others permanently. It liquefies the exudates and restores functional activity. Local anesthesia is always produced. Often by its use the excruciating pain consequent upon many of the conditions named vanishes and patients are insured many hours of comfort and sleep.

The heat employed ranges from 240° to 260° F., at the beginning, and is gradually allowed to rise to 280°, 300° or even 310° F. The parts treated remain in the cylinder for twenty or thirty minutes after the heat has reached its height. The pulse, respirations and temperature should be noted before and after treatment. The latter rarely rises more than a fraction of a degree.

The skin usually perspires freely over the entire body, especially the part being treated. Patients feel quite comfortable during the bath. There are many cases in which the skin does not act, and burning sensation is then complained of. Great care must be observed in treating such cases. Relief is not always experienced after the first bath. Not less than three should be employed to determine the value of the method in a given case.

* * *

Lumbar Puncture.—G. Mya has performed eighty lumber punctures in twenty-three cases, fifteen of which were tubercular meningitis and encephalitis. Only in two instances were tubercle bacilli found in the fluid. His opinion, as stated in the Journal of Nervous and Mental Diseases, is that when the serum is sterile and exudate-like (containing moderate numbers of leucocytes, flecks of ependyma and clotting slightly) tuberculosis is probably present, while in serous meningitis the fluid generally contains staphylococci, and in chronic cases is "transudate-like." He reports that in tubercular meningitis a distinct alleviation of the cerebral symptoms took place after the puncture. In two cases where clinically a diagnosis of the tubercular form had been made the presence of

staphylocci in the fluid pointed to an "early" meningitis, which the outcome showed to be the case. In cases of tumor the demonstration of a secondary hydrocephalus may be of greatest importance. Diagnostically, the author thinks highly of lumbar puncture; therapeutically, it may be of much value in some cases of acquired hydrocephalus.

* * *

The Action of Atropine and Pilocarpine on Peristalsis. — Traversa (British Medical Journal), being struck by the fact that injections of atropine caused constipation rather than increased emission of feces in horses, has investigated the action of this drug and also of pilocarpine. It was found that pilocarpine accelerated and strengthened peristalsis, whilst atropine lessened and finally abolished the movements of the intestine. In each case the result is obtained through paralysis or stimulation of the ganglia and nerve endings in the intestine. From this is follows that belladonna is not likely to be of value in constipation from atony of the bowel-muscle, but in lead colic, where it is not improbable that the intestinal ganglia are irritated, belladonna may prove a useful remedy, and indeed in all cases when painful intestinal spasm, due to irritability of the intestinal ganglia, is present the drug in question may be used with advantage.

* * *

Injections of Renal Juice.—Mois (British Medical Journal) has been experimenting with rabbits to watch the effect of injections of renal juice, first in healthy animals, and then in those upon whom unilateral nephrectomy had been performed. Five cubic centimeters of a glycerine extract of kidney was injected, and appeared to have little or no effect either in healthy or in nephrectomized rabbits, but if the quantity was increased beyond five cubic centimeters albuminuria, occasional hemoglobinuria and irregular productions of urea frequently appeared. Much the same results followed correspondingly larger injections of watery extract of kidney. The appearance of bad results with small doses of the glycerine extract is probably due to the glycerine and not to the kidney juice. The author believes that, in doses which would be safe to use, kidney extract is of no value therapeutically.

* * *

The Tendon-reflexes in Sciatica. In the American Medico-Surgical Bulletin J. Babinsky shows that whereas in healthy individuals the tendon-reflex is normal, in sciatica there is usually a diminution or a loss of such tendon-reflex. This phenomenon was found not only in severe cases of the disease, but also in much lighter forms as ischialgia. In some cases there is a marked difference in the reflexes on the two sides of the body. The author considers this a valuable diagnostic sign, especially to differentiate simulation and hysterical sciatica. It is not clear, however, that incipient tabes is ruled out in the report of the author.

* * *

Lymphatic Leukemia.—Drs. Julius Friedenwald and Standish McCleary of Baltimore report in the Medical News a case of pure lymphatic leukemia in a child aged about eleven, female. She had been weak, emaciated and suffered with epistaxis. She had frequently palpitation of the heart and difficulty of breathing. The mucous membranes were pale and the legs showed signs of ecchymoses. The pulse was regular, but 110 a minute, and, indeed, all other signs pointed to the diagnosis which was made by blood examination, both microscopically and by hemoglobin estimation.

* * *

Perspiration Neurasthenia.— Dr. Peyer reports in the Alienist and Neurologist the case of a man who perspired so profusely day and night that he had to change his clothes several times in the day and at night. He grew very thin. After trying many drugs the diagnosis was made, and the man, who was found out to be a chronic masturbator, was treated with the cold sound and the psychrophore, and in six weeks the excessive perspiration entirely ceased and the patient was a well man. It is usually better to make the diagnosis before beginning treatment.

MARYLAND

# Medical * Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, FEBRUARY 26, 1898.

**The Medical Practice Act.**

As was expected, a bill has been introduced in the General Assembly of Maryland to so amend and alter the medical-practice act of Maryland as to render it almost worthless. The report of the meeting held at the Faculty Hall some time ago has already been published and read, and probably almost the whole profession knows the general feeling on the subject. It seemed almost to resolve itself into a fight between the Medical Examining Board and the schools, and at the time the Board conquered, but everyone knew the fight would be continued.

The present proposed change even goes further than was outlined at the former meeting. It not only proposes to select the Board from the various schools, but it also proposes to allow graduates of reputable schools to be registered and practice without an examination or further qualification. If this bill becomes a law it will be decidedly a backward move for the profession of Maryland. This, of course, does not intend to cast any reflection on the schools of Baltimore or on the members which might be selected to serve on that Board, for it must be admitted that in the elementary branches especially the members of schools are much better fitted to prepare papers and judge of practical questions than are those not connected with a medical school.

This proposed change, however, is to be deplored, for it is certainly a confession of weakness on the part of some of the schools, and if the amendments become a part of the original bill, and graduates of regular schools will not be compelled to take the examination, there will be very few examinations, and the Examining Board will be about as important as the old examining boards of the State Faculty.

The desire to amend this law has been brought about by a variety of circumstances. With the exception of endowed schools like Harvard, the Johns Hopkins, the University of Pennsylvania, the medical schools of Baltimore are perhaps the equal of any medical schools in this country, and in many ways they certainly fit a man more thoroughly for active, practical work than do those very advanced schools which turn out principally men full of theories and fit only for didactic teachers. The reasons that so many men were turned down at a recent examination have been variously given. Some say that the graduates were badly taught and did not know how to answer the questions, and hence cheated. Others say that the Examining Board asked a number of unpractical questions that not one in that Board could have answered, and required answers that were not always correct and perhaps the ones not given in the school instruction.

Whatever the result of this controversy may be, it must be admitted that the plan long since followed by other countries of having a State examination is a good one, and the severe German "*Staatsexamen*," which is not only written, but also oral and even practical at the bedside, is one which might be well copied.

While the work of the Examining Board was not acceptable to a large number of physicians, especially to those connected with the schools, it would be a great pity to make the proposed changes in the law. No State in the Union has a similar law. The legislature may possibly not understand the nature of the law and will act according to the influence brought and not from any intelligent conception of the change desired.

It is a pity that action cannot be deferred until the annual meeting of the State Society, and then the Faculty can demand a report from the Examining Board and ask an explanation.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 19, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | .. | 30 |
| Phthisis Pulmonalis | .. | 27 |
| Measles | 47 | 1 |
| Whooping Cough | 11 | 3 |
| Pseudo-Membranous Croup and Diphtheria. | 37 | 9 |
| Mumps | 1 | .. |
| Scarlet Fever | 12 | 2 |
| Varioloid | .. | .. |
| Varicella | 8 | . |
| Typhoid Fever | 2 | 1 |

The Medical Journal Club held its ninth annual banquet last week.

An International Health Exposition will be held in New York in April.

Dr. F. S. Hope has been appointed quarantine officer at Norfolk and Portsmouth.

Dr. John E. Truax, of the well-known Chicago family of that name, died last week in New York, aged fifty.

The University of Maryland and the Johns Hopkins University have both asked for State aid and they both deserve it.

Many hospitals and charitable institutions in Richmond, Va., received bequests under the will of the late Major Ginter of that city.

Even Arizona has a medical examining board and enforces its law, while Maryland, one of the original States, is in danger of having a good law repealed.

Dr. William Lee Howard of Baltimore is writing a series of articles for *Medicine* on "The Pathological Impulse to Drink Alcohol as a Secondary Factor in Dipsomania."

Both New York and Kansas have bills pending providing that barbers must show fitness for their work and that their shops shall be subject to State sanitary inspection.

And now it is said that the hotels of Denver during the meeting of the American Medical Association will make it as uncomfortable and as expensive as possible for the visitors.

Next Monday night, at the meeting of the Philadelphia Neurological Society, Drs. W. S. Thayer, Simon Flexner, L. F. Barker and Henry M. Thomas of the Johns Hopkins University will read papers.

Dr. J. W. Harkins of Norrisville, Harford county, Maryland, died at his home last week after a short illness. Dr. Harkins was born in 1846 and received his degree at the University of Maryland in 1871.

The medical record of the surgeon of the Maine was fished out of the Havana waters a few days ago, and the writing, which was distinct, showed that the officer had been faithful in his duties to the last day.

It is rather interesting to note that Dr. Scudder, who introduced the bill in the Maryland legislature to materially change and weaken the medical-practice act and thus lower the standard of medical education, has also fully endorsed the action of the Johns Hopkins University in asking for State aid. It is stated on good authority that the gentleman mentioned was twice rejected at the State Medical Examining Board.

The annual meeting of the trustees of the Johns Hopkins Hospital was held at the institution last week. Dr. Henry M. Hurd presented his report. There were 3,633 persons treated in the hospitals during the past year. The deaths were 217, the rate being 5.96 per cent. There are in the hospital now 118 males and 122 females. During the year 1,700 males and 1,693 females were admitted, and 1,694 males and 1,696 females discharged. There were admitted to the medical department 1,216; surgical, 1,178; obstetrics, 141. The average number under daily treatment was 241.

The second quinquennial prize of $1,000, under the will of Samuel D. Gross, will be awarded January 1, 1900. The prize shall be awarded, every five years, to the writer of the best original essay, not exceeding 150 printed pages, 8vo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens. The successful competitor shall publish his essay in book form and deposit a copy in the Samuel D. Gross Library of the Philadelphia Academy of Surgery. All interested in further information should address Dr. J. Ewing Mears, 1429 Walnut street, Philadelphia, Pa.

## Washington Notes.

The Association of American Physicians will meet in Washington in May.

The Washington Obstetrical and Gynecological Society has held 275 meetings.

Ill-health will prevent Dr. Samuel C. Busey of Washington from delivering the address on State Medicine before the American Medical Association in Denver.

An amendment to the District appropriation bill provides that registered physicians may attend patients at any of the public hospitals of the city when they occupy private rooms.

The Medical Association of the District is really in earnest in trying to make all hospitals and dispensaries of the District refuse to treat such persons as can afford to pay a physician.

There is a movement started to establish an inebriate hospital in the District, that the victims of alcoholism may have scientific medical treatment instead of being incarcerated in the workhouse or jail.

Dr. Max Bahr has resigned his position as resident physician of the Central Emergency Hospital to accept a position in the Indiana Hospital for Insane at Indianapolis. Dr. Fife has been advanced to the position vacated by Dr. Hope, and Dr. Richards has been appointed assistant resident.

The Senate committee on the District of Columbia has again had its attention called to the unsanitary condition of the flats along the Eastern branch, and an appropriation will be urged for improvement of the Anacostia river. The government will then reclaim the flats and convert them into a public park.

At the called meeting of the Medical Association a resolution was unanimously adopted to the effect that physicians having telephones should take them out at the expiration of the present contract unless the telephone company should give some satisfactory plan of charges and unlimited service within thirty days. A committee consisting of Drs. Cook, Thompson and Johnson was appointed to confer with Mr. Bryan of the telephone company, citizens' committee and Druggists' Association.

Drs. Leech, Ruffin and Holden were appointed to confer with the District Commissioners in regard to lights on vehicles.

## Book Reviews.

Diseases of the Eye. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon at St. Thomas' Hospital, London, etc. Revised and edited by W. T. Holmes Spicer, M. A., M. B., F. R. C. S., Ophthalmic Surgeon to the Metropolitan Hospital, etc. Fifth American from the sixth English edition. With a supplement on Color Blindness by William Thomson, M. D., Emeritus Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. With two colored plates and 161 engravings. Lea Brothers & Co., Philadelphia and New York. 1897. Cloth, $2.25. Pp. 521.

Nettleship's book has so long been recognized as valuable to students, or to physicians commencing special study of ophthalmology, or wanting to obtain a good working clinical knowledge of eye diseases, that even an edition like the last would have been acceptable. The fourth American edition was published in 1890 and has long been out of print. The announcement of the Leas, therefore, that a new edition, "up to date," was in press was welcome news. The book is a timely contribution to the literature of the subject, but it is not its "up-to-date" features, in our opinion, which make it so. Its excellence lies just where that of former editions was found—in the clear, graphic picture presented of eye diseases, the insistence on careful diagnosis, presentation of tried and proven remedies and, throughout, an evident attempt on the part of the distinguished author to impress the lesson that it is easy to do harm to an eye in trying to do good. These are the features which have made a sixth English edition a necessity.

When one comes to the "up-to-date" part there is some disappointment. Practically nothing is said about ophthalmometry save by direct ophthalmoscopic examination and retinoscopy. The former is preferred to the latter. Operative treatment of trachoma is dismissed with scarcely more than mention and a warning—perfectly proper—that such procedures may cause farther contraction. There is no attempt to classify the operable and non-operable cases. Tissue infiltration is accepted as the touchstone of diagnosis in "diphtheritic" conjunctivitis.

Infection with the bacillus diphtheriae and other organisms is mentioned as a cause with chemical agents. There is abundant proof that this infiltration test is anything but "up to date;" that the diphtheritic bacillus is often found in the so-called "croupous" ophthalmia,

and is not infrequently absent from dense lid infiltrates. This distinction is most important in treatment, it seems to us. Field symptoms of hysterical eye troubles are not mentioned. One page is given to the definition of terms used in connection with heterophoria. This will be looked upon as an excellent feature by some readers even in this country. The publishers' work is good, of course. One is surprised, however, to find careless type-reading in the first chapter. The first sentence in Section 2 is meaningless until one goes to a former edition and finds that the figure "1" is omitted after the words "taken as."

Dr. Thomson's article on Color Blindness is an excellent presentation of the enterprise of the Pennsylvania Railroad, and sets forth the methods adopted by this corporation for the safety of its passengers, but as a scientific explanation of the theories underlying color blindness and a discussion of the subject appropriate for an "up-to-date" text-book on ophthalmology it is not equal to chapters on the subject found elsewhere.

---

Hospital Life is the name of a new monthly magazine devoted to the interests of hospitals, sanitariums and training schools for nurses. It is profusely illustrated. It is published in Chicago, with Dr. H. G. Cutler as the editor.

The Caveat, the first number of which has just appeared at Chicago, bears a strong family resemblance to the well-known little publication called *Printer's Ink*, and it is probably put out with the same idea, although the announcement in its prospectus is rather vaguely worded. It combines a collection and information bureau. It is published on the 15th of each month.

---

## REPRINTS, ETC., RECEIVED.

Report of Yale Observatory for 1896-1897.

Adeno-Myoma Uteri Diffusum Benignum. By Thomas S. Cullen, M. B. (Tor.). Reprint from the *Johns Hopkins Hospital Reports.*

Vaginal Hysterectomy: A Review of Sixty-six Consecutive Cases. By Charles Gilbert Davis, M. D. Reprint from the *Journal of the American Medical Association.*

Ligation of the Common Carotid Artery for Trifacial Neuralgia, with Experiments and Observations upon Dogs. By B. Merrill Ricketts, Ph.B., M. D. Reprint from the *Journal.*

## Current Editorial Comment.

### PUZZLED DOCTORS.

*Cincinnati Lancet-Clinic.*

This is a frequent heading seen in the newspapers, after which there is a telling of something of the simplest nature, which any first-course medical student should be able to diagnosticate off-hand, or of a condition about as improbable and impossible as the laying of connection tracks on a line of railway between the earth and moon. Such reading is filling, to say the least. It bulges the revenues of the space-writer and makes a corner on Providence. To be sure, the doctor in attendance was puzzled.

---

### STUPID CHILDREN.

*Journal of Medicine and Science.*

What the school-teacher calls stupidity is often a condition of dullness resulting from disease. If such children are carefully examined it will be found that quite a large number of them are suffering from defects of eyesight, from deafness or from some obstructive disease of the nasal passages, of which adenoids is perhaps the most common, resulting in making them what is known as mouth-breathers. Moreover, certain children classed as stupid possess decided talents in certain directions which the school instruction is not well calculated to develop.

---

### THE PHYSICIAN'S INCOME.

*Cleveland Medical Gazette.*

Knowledge and skill in general practice have also increased, but the general practitioner's fee schedule is just about what it was fifteen or twenty years ago, and some places what it was thirty or fifty years ago, and he is about as slow and careless in collecting it. The specialist is more apt to get a cash fee, to get prompt pay, as well as bigger pay. The general practitioner should revise his fee bill and reform his business methods to meet the changed conditions. With the close competition and the constant demands upon the purse in the high-pressure civilization in which we are living there is scarcely a commercial enterprise or a professional practice which would prosper under the loose methods and indifferent management which characterize the business side of many a doctor's work.

# PROGRESS IN MEDICAL SCIENCE.

The Keeley Institute at 1418 Madison avenue is for the treatment of the Liquor, Opium, Chloral and Cocaine habits. Correspondence confidential. Keeley literature and other reliable information can be had without expense.

Comfort and Security During Sickness. "During the progress of any contagious or mal-odorous disease nothing gives greater comfort and security than the intelligent use of 'Platt's Chlorides.' As a disinfectant and deodorizer its safety, cleanliness and convenience appeal alike to patient and attendants."

"Gaseous disinfectants, owing to their irritating vapors, are inadmissible until the sick-room is vacated."

Frank C. Wilson, M. D., Professor Chest Diseases, the Hospital College of Medicine, Louisville, Ky., writes: "I have used 'Gray's Glycerine Tonic Comp.' in a number of cases of pulmonary tuberculosis and of neurasthenia with marked benefit. I consider it a happy combination, scientifically prepared, and will be found useful in all phases of debility."—The Purdue Frederick Co., No. 52 West Broadway, New York.

W. A. Baker, M. D., Clark's Mills, Pa., says: "I have had occasion to try Celerina, and am highly pleased with the results. I have used it with marked success in nervous prostration. A lady, sixty-four years of age, of nervous temperament, was stricken down with congestion of the right lung. After the congestion disappeared her nervous system failed to recover, resulting in prostration. After trying several remedies I commenced using Celerina and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition."

The Treatment of Endometritis.—One of the chief aims of treatment in cases of endometritis is to employ measures which will contract the distended vessels in the mucous membrane of the uterus, to re-establish normal circulatory conditions, and thus favor the absorption of exudates in the tissues. These cases often come under the observation of the general practitioner at a time when a cure can be accomplished by efficient topical medication, without the necessity of resorting later to curetting or the application of caustic application to the uterine mucosa. Formerly medicated vaginal tampons were much employed for this purpose, but recently a more convenient, agreeable and serviceable means has been presented to the profession in the form of a wafer. Micajah's Medicated Uterine wafers combine all the advantages of the medicated tampon with a number of special properties.

The Medical Excursion in June to Denver and Salt Lake City.—The American Medical Association meets at Denver June 7 to 10. One of the features of the gathering will be an excursion from Denver to Salt Lake City and return via the D. & R. G., Colorado Midland and Rio Grande Western railways through the "Heart of the Rockies," furnishing a splendid opportunity to view the most magnificent scenry on the American continent. Salt Lake City is an ideal summer resort, and the bathing at Saltair in the Great Salt Lake—inland salt sea nearly a mile above sea level—is superb in June. There are more attractions in and about Salt Lake City than any place in the world. Later notice will appear in this publication giving rates for this excursion and all details. In the meantime, send to F. A. Wadleigh, G. P. A. Rio Grande Western Railway, Salt Lake City, for a copy of pamphlet on Salt Lake City and the Rocky mountains.

The Pasteur Laboratories.—The great institution known as the "*Institut Pasteur*" in Paris was, previous to the death of Louis Pasteur, enriched by the accession of the biological laboratories founded by the great scientist. At the present time there are no other laboratories in the world to bear comparison with them in extent, equipment, variety and quality of their products. It was here that Marmorek discovered his celebrated antistreptococcus serum, Calmette his venomous antitoxin, Roux his diphtheria toxin, Danysz his virus for the destruction of rodents, and Metchnikoff pursued his researches in regard to the morphology and physiology of the blood. The sole wholesale agents and importers of these products are the Pasteur Vaccine Co., 56 Fifth avenue, Chicago, who will be pleased to send special literature, price-lists, etc., on request, while the preparations in question can be obtained from any of the special supply depots, which exist in all the principal cities of the United States.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 21. BALTIMORE, MARCH 5, 1898. Whole No. 884

## Original Articles.

# RETROFLEXION OF THE UTERUS; RELAXATION OF VAGINAL WALLS; CANCER OF THE UTERUS.

*By E. E. Montgomery, M.D.,*

Professor of Clinical Gynecology in the Jefferson Medical College, Gynecologist to Jefferson and St. Joseph's Hospitals, Ex-President Philadelphia Obstetrical Society, Ex-President Pennsylvania State Medical Society.

CLINICAL LECTURE DELIVERED AT THE JEFFERSON HOSPITAL, PHILADELPHIA.

GENTLEMEN: This patient is thirty-two years of age, married, has lost three brothers and one sister in infancy, while her father and mother, three brothers and six sisters are still living and in good health. She had grippe two years ago; puberty occurred at the age of fifteen; menstruation was regular, lasting a week, with a profuse discharge, without pain. She was married at twenty-two, and has had three miscarriages and given birth to two children, the last seven months since. Her first delivery was instrumental. After the birth of the first child, which was followed by what she calls milk fever, she had prolapse of the uterus, for which she has worn a pessary. She suffers from leucorrhea and pain in the back. The first four months menstruation occurred at intervals of only three weeks. She suffers almost continually from headache and, at present, complains of pain, leucorrheal discharge and uterine displacement. Something protrudes from the vagina, she says. A pessary retains it in place, but gives rise to distress.

The subjective symptoms in this case would lead you to suspect some pelvic disease; menstruation every three weeks, profuse; leucorrheal discharge with a sensation of a protrusion from the vulva. Every patient who comes to you suffering from a vulvar protrusion will tell you she has falling of the womb. This condition may be prolapse of the anterior or posterior wall of the vagina or of the cervix itself. As to which condition is present in this patient, of course I am unable to say until an examination has been made. There is nothing, however, to indicate that there is a grave disorder of the pelvic organs. In pelvic diseases the subjective symptoms are quite similar. We have pain, a frequent symptom in a very great variety of conditions; leucorrheal discharge, very frequently hemorrhage or disturbance of the menstrual function as a frequent symptom, but these do not necessarily indicate any special condition, as they may arise from a variety of causes.

In my student days in this institution, long before the practice of antisepsis or asepsis, the professor of obstetrics was constant in his advice in urging upon us cleanliness, the importance of carefully washing the hands, of having instruments clean, and, indeed, everything we used about the patient. He so emphasized this that when about to introduce a sound, as was the daily custom, he would bend the instrument with his teeth. When the students would make the usual indication of their notice of it, he would say: "Gentlemen, I want to impress upon you that this instrument must be so clean you can put it in your mouth." So

I wish to impress upon you as a first preliminary in the examination of patients, to see that your hands are perfectly clean, that you do not endanger the patient by bringing infection to her. It is very easy, especially in dispensary practice, with hasty methods of procedure, to examine one patient after another without carefully cleansing the hands or instruments between examinations; but such a practice is a mistake on your part.

As I separate the vulva you see the orifice is not large; she has no apparent laceration of the perineum. I ask the patient to press down, I introduce my finger into the vagina and find there is a slight tendency to rolling out of the anterior and posterior vaginal walls. The uterus occupies about its normal situation, being the usual distance from the vaginal orifice, but as I pass the finger into the vagina the cervix, instead of being turned backward, is found more in the axis of the vagina; it shows no evidence of laceration. As the finger is passed backward it follows up the cervix, and we recognize a body in the posterior cul-de-sac, which from its shape and continuation with the cervix we know to be the fundus of the uterus, so that we have then in this patient a condition of retrodisplacement or retroversion of the uterus plus a flexion. Now, whether the flexion in this patient is simply due to the temporary increase of intra-abdominal pressure, pushing the fundus of the retroverted organ downward, or whether it has been induced by introduction of the pessary without having first replaced the organ, the pessary introduced with a view of raising up the uterus has resulted in bending back of the fundus over its posterior bar, we are unable to determine.

Our examination has disclosed one or two errors in our hypothetical diagnosis of the case. We do not find a prolapsus of the uterus; the organ is not prolapsed. The rolling out this patient has noticed and supposed to be the womb was the walls of the vagina. That the organ is in a state of retroversion is true; that this retroversion is associated with more or less inflammation of the uterine canal with a certain amount of eversion or turning out of the cervical mucous membrane is a result partly of the laceration, and partly of the inflammation. Inflammation of the uterus is very frequent in association with displacements. Not every case, however, of displacement gives rise to inflammation, and you will find that those cases of retrodisplacement in which there is no history of inflammation do not give rise to special symptoms; that consequently not every case of retrodisplacement is a condition requiring treatment.

Many cases of retrodisplacement would be much better ignored than to be treated, as you direct the attention of the patient to the pelvic disorder and thus cause a development of a certain train of symptoms, but when inflammation exists in the pelvis, then it does give rise to symptoms which require treatment and require that the displacement shall be corrected before you are able to completely relieve the patient from the inflammatory symptoms. Now, the method of treatment in such cases depends much upon the character of the condition. We may have displacement associated with inflammation, necessarily have it with disturbed circulation, the organ is heavy as a result of inflammation, it is likely to become more and more displaced, and the displacement adds to the interference with the circulation, so we have the two conditions aggravating each other. The treatment of such a patient depends on the relation of the inflammation to the replacement of the displaced organ.

I have often asked students and men who were in the practice of medicine, how they would replace a retroverted or retrodisplaced uterus. Very frequently they have answered: "With a pessary." Let me say to you that that answer counts as zero every time it is given. The pessary is not used to replace the uterus; the uterus must be replaced before the pessary is introduced. The pessary simply maintains the uterus in the replaced position. A pessary placed in the vagina with a view of replacing the uterus without previous correction of the position of the organ simply aggravates the condition, as it converts a retrover-

sion into a retroflexion. You simply push up the middle portion of the uterus and have the organ bent over the posterior bar of the pessary, the fundus imprisoned between it and the curve of the sacrum. Such a patient suffers much more than before, so that in no case should a pessary be introduced until you are able to replace the uterus. After the organ has been placed in its normal position, a pessary may be introduced, and if properly fitting, with favorable conditions, it may serve to relieve the distress. The organ may be replaced in one of three ways:

First, the patient is placed in the dorsal position, one or two fingers of the hand introduced into the vagina and the other hand is placed over the abdomen, with the middle finger in the posterior fornix, pushing up the fundus, the other finger hooks over the cervix, and as the lower end of the lever is in this way carried back, the upper end falls forward until it can be grasped with the external hand. This is a good method for replacing the organ. We may sometimes find it difficult to do this, because the fundus may be caught beneath the overhanging promontory of the sacrum, especially where there is a marked corve to this bone, or again, we may find certain bands of adhesion connected with the rectum, which as the organ is raised up draws the latter with it, and when the force which retains it in position is withdrawn the uterus falls back. In such cases we may still further determine the condition, possibly correct the displacement with the use of the double tenaculum, seizing the cervix, dragging and pushing upon it, while the fundus is tilted out, then pushing back on the cervix the fundus is carried forward. This is one of the favorable methods of procedure.

The second method is to place the patient in the genupectoral position. This removes the intra-abdominal pressure, and as soon as the vulva is separated permits the air to rush in, the vagina is ballooned and the uterus carried upward. It does not, however, correct the displacement, as the organ may still remain retroverted at the top of the vagina. We grasp the cervix with a double tenaculum, pull upon it and carry it backward and upward; we tilt the fundus of the organ forward unless it is held in place by adhesions.

Another method recommended in the text-books, of which I speak only to condemn, is the introduction of the sound or repositor for the purpose of replacing the uterus. The introduction of the sound, even when most carefully done, and especially if an effort is made to rotate it and replace the uterus, must result in injury to the mucous membrane, and unless the utmost precautions have been observed, germs will have been carried into the canal and find in the blood discharge favorable culture fluid for their development. Consequently, it is preferable to avoid intrauterine instruments. After the organ has been replaced we then secure a pessary of proper size and length, introduce it into the vagina, carrying its posterior bar behind the uterus, thus maintaining the organ in its replaced position. The length is determined by carrying the finger well up behind the posterior fornix and measuring on the finger the position of the internal surface of the pubes. This measurement affords a guide as to the length of the pessary, the roominess of the vagina and the consequent width of the pessary will be determined by separating the two fingers introduced.

The next patient I show you is thirty years of age, whose father and mother, two sisters and one brother are living and in good health; puberty was established at eighteen, with menses regular, lasting five days. She has not menstruated since a last miscarriage, which took place six weeks ago. She has been married thirteen years and had two children, with both of which the labor was normal and convalescence rapid. She has had three miscarriages, the last six weeks ago, during the tenth week of gestation. Her last labor was three and one-half years since. At present she complains of pain in the lower abdomen, which is more or less constant; has no headache, has a great deal of chronic gastric irritability, with constipated bowels, hard feces; complains of pain in the epigastrium, and is subject to fainting spells.

As I have not before seen this patient, I will examine her with a view of determining the trouble.

As I expose the vulva you notice a marked protrusion from the vulvar orifice; it is a protrusion above and below, indicating there is a prolapsus of both vaginal walls. It is more marked on the anterior, which is known as a cystocele. A similar projection below that of the posterior wall is called a rectocele. Introducing the finger into the vagina to determine the position of the uterus, we find it situated normally; it varies but little from the normal situation; the fundus of the organ is, however, a little large. Here we have plainly prolapse and relaxation of the vaginal wall without the uterus apparently sympathizing with the condition. In this uterus there is a condition of subinvolution of the organ subsequent to delivery. It has not returned to its normal size. The subinvolution has led to more or less corresponding weight of the vaginal wall, with its displacement.

With heavy vaginal walls which are more or less relaxed, you will find them sooner or later become sufficiently heavy to drag upon the uterus, leading either to its displacement, or in those cases in which it is firmly fixed by ligaments or inflammatory condition, the cervix is so dragged upon as to give rise to its displacement and the vaginal portion of the cervix protrudes from the orifice, leading you at first to suppose that you had to deal with a case of prolapse of the uterus, because the os protruded from the vulva, but examination discloses the fact that this is simply a hypertrophic elongation of the cervix. The heavy vaginal walls have led to the dragging out of the elastic tissue of the upper cervix, permitting its extremity to protrude from the vaginal orifice.

Many of these cases of vaginal prolapse are due to the fact that during labor there has been pressure of the child's head, which has caused separation between the vaginal surfaces, the walls having been pushed off from the subjacent tissues. This condition, after it has led to redundancy of the vaginal walls, produces a condition which this patient particularly illustrates, as you can see that the bladder has not seemed to prolapse with this cystocele. It is simply a pushing off of the vaginal wall itself, and not of the bladder.

The next patient is thirty-four years of age, married, whose mother died, cause unknown; has lost a brother and sister in infancy; has a father, one brother and five sisters living. One member of her father's family died of cancer of the breast; had mumps, measles, whooping cough, varioloid and typhoid fever. For a year and a-half prior to last June she suffered from rheumatism. Puberty was established at fourteen, menstruation regular, duration four or five days, with a moderate discharge and without pain. She was married at twenty-five, and has given birth to four children, the last three years old; labors were normal, with a regular convalescence. In June last she fell and landed solidly on her feet, by which she was considerably jolted; afterwards had dragging pain, with a sensation in the pelvis of a slight bearing-down pain.

In July she had an attack of flowing, the menstrual flow having been absent for six weeks previously, and after this she had severe pain as well as the pain above referred to. In August she was in bed three days with a profuse discharge and increase of pain. In September the menstruation was normal, in October a flooding, since which she has had almost constant, very profuse bloody discharge, at times absent from one to three days, during which time she would have a watery discharge. At the time of menstruation the discharge is very profuse, formed of large clots. There is no disagreeable odor. The important point to keep in mind is that she is thirty-four years of age; that since June she has had attacks of flooding, which have been associated since the last few weeks with almost continuous bloody discharge.

Of course, under such circumstances the patient has lost in flesh and appearance. She has had no pain, and there is an absence of disagreeable odor. Hemorrhage, as we all know, is a symptom, as is leucorrhea. These discharges take place from the genital tract, and are

symptoms which direct our mind to the possibility of diseased conditions and their character. We have to consider in this patient these symptoms, and use them as a means to determine the condition present. Of course, we are not justified from these symptoms in arguing that the patient has such and such a disease. We should in every case have all the evidence, both that which the patient gives us and that which we can secure by examination, before you arrive at a definite conclusion.

Hemorrhage is a symptom; it arises from a great variety of conditions. It may be produced by conditions outside the uterus which obstruct its circulation and cause hemorrhage, such as disease of the heart, of the lungs, of the kidneys, of the liver. These various conditions may produce uterine hemorrhage. It sometimes occurs as a preliminary symptom in typhoid fever and the zymotic diseases. It may also be produced by diseased conditions in the organs about the uterus—thus, disease of the ovaries, chronic inflammation, particularly that form resulting in the thickened condition of the albuginea, in which the inflammation in this structure has been so severe as to cause it to be thickened and lead to interference with rupture of the Graafian follicles. We may have a formation of large follicles in the structure of the ovary; these unruptured follicles produce such irritation of the parts, disturbed circulation of the uterus, as to give rise to hemorrhage. We may also have it as a result of inflammation that takes place in the pelvis, inflammatory exudate which interferes with the circulation in the organ and produces hemorrhage.

Again, it may arise from pressure induced by growth in the wall of the organ, intraligamentary growths, growths of the ovary, parovarian cysts, growths particularly of a physiological character, in a pathological situation. Thus we have ectopic gestation, in which hemorrhage is a frequent symptom, the enlarging mass in the broad ligament interferes with the return circulation, the uterus is engorged with blood and the pressure of such a mass in the pelvis may produce constant hemorrhage. Then it may result from disease in the uterus itself, as a hemorrhagic endometritis. Hemorrhage from the uterus may indicate simply inflammatory condition of the uterine mucous membrane primarily. It may also occur from the presence of growths in the wall of the organ, which project into its cavity and thus interfere with the circulation; fibroid growths, degeneration of the mucous membrane of a malignant character, malignant disease of the uterus, displacement of the organ, displacement which interferes with the circulation, particularly retrodispdacement or inversion of the uterus where the organ is turned inside out.

It may occur as a result of diseased conditions following labor, retention of portions of the placenta or following an incomplete abortion, conditions during the progress of pregnancy; changes which take place in the uterus may also cause hemorrhage; so the possibility of these various conditions must be considered in order to arrive at a correct diagnosis, and not be misled as to any particular case. In a patient suffering from hemorrhage as a result of malignant disease, we would expect to find that the disease was later in life than in this particular patient. We would also expect to find it associated with more or less pain, with a disagreeable and offensive odor. This is a group of symptoms we would expect to find in malignant disease, yet we know malignant disease may occur at any age; that it is not necessarily associated always with pain; that patients may reach a very serious stage of the disease without it. Nor is offensive discharge necessarily an early symptom.

As I separate the vulva there is a bloody discharge; introducing the finger into the vagina and feeling at the point at which the uterus is situated a mass which is somewhat granular upon the cervix, I do not find the cervix until the finger is passed well down, when the orifice of the cervix apparently opens in the center of the mass. This mass feels friable to the finger. I can feel, as I push the finger firmly into the tissue, that it would not break down under it. I desist

from making too much pressure, for fear the examination will result in a severe hemorrhage. This mass projects some distance from the cervix, seems to involve its entire portion. I pass the finger into the cervical orifice through the apparently friable tissue, and by passing the finger well behind find the organ is apparently enlarged above. There is more or less mobility.

Before exposing this to view with a speculum, I propose to make a rectal examination, and, as a preliminary to this, carefully wash my hands, for the reason that I should fear carrying some infectious material into the rectum which would give rise to inflammation there and to increased distress. You should make it a rule always to wash the hands carefully after vaginal or rectal examination, before the finger is passed into either canal. As I pass the finger into the rectum I find the mass pushes the vagina backward; the finger can pass around it; the vaginal portion is the largest of the mass. There is a certain amount of resistance above. I do not find a nodular condition here of the broad ligament, indicating there has been infiltrate of it. I introduce a retractor very carefully, so as not to give her any pain, and will use the electric light so I can show you the condition. There is a certain amount of bleeding as a result of the interference, the pressure of my finger against the mass. Now, some of you can see this. The inspection of the condition is far better than any description that can be given. The surface soon becomes obscured with blood, so it is hard to show you much through the small surface that can be illuminated.

Now, as to diagnosis. A woman thirty-four years of age, had three children, labors normal, no special injury during labor. She had a fall some eight months since, subsequent to which she had hemorrhage, and has had flowing at different periods. For the last six weeks had more or less continuous bloody discharge. These are the subjective symptoms. On examination we find projecting through the vagina from the cervix a very much enlarged, friable mass, which involves the whole vaginal portion of the organ. This mass is not firm and resisting, but soft and friable. It does not present such a rounded condition as we would expect to find if the protruding mass were one of inversion of the uterus, but at the center of this mass there is an opening, into which the finger can be passed, and with but little difficulty beyond the first joint and without producing pain. This of itself does away with the possible diagnosis of any inversion of the organ. It does away with the probability of hemorrhage being a result of any fibroid growth; a fibroid growth would be firm and resisting. The fundus of the uterus does not seem especially enlarged. The enlargement is from the vaginal portion of the cervix.

We find this also is granular, has a sensation of being friable, bleeding easily upon pressure. Such a condition could not arise as a result of ordinary inflammation, or inflammation and desquamation of the epithelium, or from enlargement of the papillæ. We know of no inflammatory condition which could possibly produce such a state. You ask me, then, what disease we have here. Without question we have an epithelioma, with an extensive proliferation of its walls, a cauliflower growth, involving the entire cervix. This disease involves the vaginal portion of the cervix. This friable tissue causes hemorrhage on the slightest touch. How shall we treat her? I regret to say there is no treatment known to us today that insures this woman of a positive and radical cure. So far as we can determine by our present methods of procedure, she is doomed. I believe in such patients, then, though the disease seems to involve the entire portion of the cervix, even though there may be a possibility of disease outside any portion we can remove, it would be the right thing to proceed to extirpation of the uterus. The danger, of course, is that there is a possibility of return of the trouble sooner or later, particularly in the anterior wall; that we cannot get beyond such a point on account of the danger of injuring the bladder and ureter. Where epithelioma displays itself, where the disease is seen sufficiently early, the method of treatment for removal of the diseased

tissue in healthy tissue, that is, to get well beyond the diseased structures, is the proper course of procedure. Here we have a spongy mass which involves the entire portion of the cervix, and beyond which we cannot expect to go with any safety to the patient. You will ask why she does not suffer pain. Because we have a disease in which proliferation has not resulted in a mass bound up by a firm stroma, which causes pressure upon the nerves. This form of disease is not usually attended with severe pain. The patient may come to her death without suffering greatly from pain as a symptom; but then, too, we find, when malignant disease occurs early in life it is likely to be associated with more rapid progress. This disease has seemed to develop to this degree since June.

There has been no special breaking down of the tissues which would necessarily cause a disagreeable odor. She has a disease so extensive, involving the cervix, that we cannot hope for radical cure. How shall we treat her if we decide operation is not justifiable? Is there anything by which we can arrest the progress of the disease and make her more comfortable? This disease produces its serious effects as a result of the severe drain upon the patient from the hemorrhage. If we can by such means arrest the hemorrhage, we may be able to stop the drain and make the patient temporarily more comfortable. This can be accomplished in a variety of ways. We can scrape away the diseased tissue with a curette, cut it away with the scissors, and apply a solution of iron to harden it, and follow up this application by one of the saturated solutions of chloride of zinc. The latter must be applied in such a way as not to produce a destructive influence upon the healthy tissue about, which must be protected as far as we possibly can.

The application of the chloride of zinc produces an extensive slough, will show greater inclination for the diseased tissue, and in that way make the patient more comfortable for the time being. Another plan of treatment is the hypodermic injection of the absolute alcohol, injecting this by hypodermic syringes, giving ten to one hundred mm. of alcohol; the application of tampons saturated with the 15 to 25 per cent. solution of tannic acid in alcohol applied to the diseased surface. This method, used two or three times a week, has an effect in bringing about a hardening of the tissues, coagulation of blood in the vessels, and sooner or later separation of these diseased structures, leaving a healthy base, which may subsequently granulate if we are able to bring about entire destruction of the tissue, and in that way arrest the diseased process.

This is a plan of treatment which I have desired to pursue; here a favorable opportunity affords, and after an examination of this patient, if she does not desire an operation when the condition and its dangers are made known to her, I shall feel that this plan of treatment is one worthy of being pursued.

---

## AGARICIN IN NIGHT SWEATS.

*By Rufus D. Boss, M.D.,*
Washington, D. C.

READ BEFORE THE WASHINGTON MEDICAL AND SURGICAL SOCIETY.

THERE is, perhaps, no symptom in the entire course of a case of phthisis that causes us more anxiety and annoyance than the control of the sweating and its consequent exhaustion.

Agaricin in my practice has proven to be the most successful of all drugs used in combatting this symptom and without any disadvantages. It is not cumulative, and repetition apparently does not enfeeble its power. It is a product of the mushroom family, of the boletus variety, and is concisely described in Merck's Index, 1896, page 26.

Its active principle, agaricic acid, may be used in one-quarter to one grain doses. Its action is fully developed in from four to five hours, and may be maintained at pleasure by repeated small doses. The method of administering it which has given the most excellent results in my hands is as follows: Give a half-grain at the first dose and follow with an eighth of a grain every four hours until the sweating is checked, then continuing its use, but lengthening the

interval, until the smallest quantity necessary to control the sweating is reached. In other words, get the patient under its full physiological effect and maintain with minimum dose. In no case was there any digestive disturbance, diarrhea or intermittent pulse noted.

Why and how it acts as an antihidrotic has not been demonstrated, and as it is given empirically it would be well to be on our guard for any manifestation of the vegetable poisons.

My experience is limited to the treatment of eight patients, but with such satisfactory results that its use will be continued in the treatment of all cases in the future to the exclusion of other remedies.

Case I.—The latter part of 1895 Mrs. A., aged thirty-two years, came under my care suffering with pulmonary phthisis in the second stage, with profuse sweating. After having exhausted the list of drugs usually employed to check this symptom, being compelled to discontinue some because of cardiac or digestive disturbance, and others because they produced no effect whatever on the cutaneous system, agaricin was finally resorted to in one-grain doses at night. This only partially checking the sweating, it was then given night and morning without appreciable difference in effect noticed. An eighth of a grain every three hours was then administered with success, the interval was lengthened, until finally one-eighth of a grain three times daily proved effectual, omission for several days again calling for its exhibition.

Case II.—The same plan was followed with a like result. In all other cases the routine plan of small doses, frequently repeated, was adopted.

It failed with one of the eight patients only. In this particular instance the man died two weeks after coming under my care.

Agaricic acid, the active principle, is recommended, chiefly because the various samples of the drug differ considerably in strength.

In view of the satisfactory results obtained by myself in the use of agaricine in checking night sweats, and our limited knowledge of the drug, it seemed to me to be worthy of the consideration of the society.

## Society Reports.

### NEW YORK ACADEMY OF MEDICINE—SECTION IN ORTHOPEDIC SURGERY.

MEETING HELD DECEMBER 17, 1897.

*Dr. A. M. Phelps* read a paper entitled, "A Consideration of Some of the Pathological and Mechanical Problems of Hip Disease." He presented the view that nature attempted to repair the lesion producing hip disease by inflammatory action, which was a normal process of repair until the inoculation of germ life, which marked the beginning of disease in the area of inflammation. The absence of inoculation gave rise to ephemeral cases of hip disease, which rapidly recovered without deformity or disability, but inoculation gave rise to the ordinary type of the disease. If the phagocytes were weakened by the strumous condition of the patient they failed to destroy the germs. If, however, germ life was destroyed repair went on and the parts were restored to their normal condition. Cavities and foci produced in the course of hip disease by the slow growth of the bacilli of tuberculosis might be inoculated by the rapidly-growing pyogenic cocci when a hot and possibly painful abscess appeared and called for the knife and drainage. The adduction flexion and inward rotation attending the third stage found a mechanical explanation in the fact that when the limb passed twenty-five degrees of flexion the adductors became internal rotators, the external rotators became abductors and the tensor vaginae femoris became a powerful inward rotator. In the application of mechanical treatment it should be remembered that the powerful groups of muscles acting upon the thigh did not act on an axis with the shaft, but nearly on a line parallel with the axis of the neck of the femur. Lateral traction, therefore, should be made in the line of the axis of the femoral neck and not of the shaft.

*Dr. G. R. Elliott* said that in hip disease we had a depraved process. The whole system was at a low ebb that tended to favor the development of the disease. He

thought that this condition of inactivity required the use of some form of apparatus which did not, as all the instruments now in use did, subject every part of the child's body to great expense for the sake of the hip. The ideal splint of the future would not lock up so much of the body by apparatus, but would fix only the diseased joint.

*Dr. R. H. Sayre* advocated the use of traction to fix the joint, give it physiological rest and relieve the pressure to which the diseased bone was subjected. He thought that it was difficult to apply lateral traction by a splint, but in bed lateral traction was easily applied and added to the patient's comfort. In children, however, in whom the neck was nearer in line with the shaft of the femur than in the adult, he believed that longitudinal traction was sufficient. He thought it well to apply massage to overcome the muscular atrophy of the disease, but it took a great deal of care to limit the application to the sound part and not interfere with the inflamed joint.

*Dr. T. H. Manley* held that all pus accumulations about a joint should be evacuated early and thoroughly. He asked Dr. Phelps' opinion of the intra-articular injection of solutions of iodoform.

*Dr. Phelps* said that filling a joint with an insoluble compound did more harm than good. If he found a joint in which there was fluid he evacuated it.

*Dr. A. B. Judson* said that the destruction of the head and acetabulum was often cited as an evidence of the bad effects of muscular contraction and of the necessity of making traction. He thought that this destruction was rather an evidence of the bad effects of the pressure made by the weight of the body, as patients with hip disease, if unmolested, were in all, except the most advanced stages, on their feet as much as well children. He believed that traction was the best method of promoting fixation, and in painful stages it was indispensable, but that removing the weight of the body from the joint was also an indispensable part of the treatment and useful through far longer periods than traction.

*Dr. T. H. Myers* had made a careful study of the ephemeral cases and believed that the lesion, of whatever nature it might be, was in the bone itself. He would make a distinction between these cases and rheumatic, gonorrheal or other affections of the joint cavity and ligaments. He could not recall any acute case of hip disease which had not been relieved by longitudinal traction alone.

*Dr. R. Whitman* said that the breaking down of bone appeared to be the effect of a destructive process, aggravated by the friction of the diseased surfaces upon one another, by the weight and strain of use in the attitudes of deformity and by the muscular spasm which forced the diseased parts together. The intensity of the spasm was in inverse proportion to the fixation and rest that could be assured. When the patient was recumbent the most important means of fixing the joint was traction. The ambulatory brace should remove the weight of the body from the weakened part, but it was so ineffective in fixation that its use should be combined with splinting of the joint. He had always insisted that the hip should be slightly abducted.

*Dr. Phelps* said that abduction should be avoided. It was one of the difficult conditions to correct in the first and second stages.

*Dr. Judson* said that in recovery with anchylosis, abduction was desirable. It gave a factitious length to a limb which was probably really shortened and saved the use of a high sole or reduced its height.

*Dr. Sayre* thought that the limb should be in as nearly normal a position as possible, neither abducted or adducted.

*Dr. H. L. Taylor* thought that about five degrees of abduction would compensate for some of the shortening and make the limb more useful.

*Dr. Phelps* said that anchylosis was due to the severity of the inflammation, the character of the disease, the destruction of bone and contraction of cicatricial tissue about the joint. It was prevented by the use of an apparatus which seized the pelvis and fixed the joint from the commencement of the treatment until the patient was cured. The joint being thus held at perfect rest, nature went on in

her effort to cure, uninterrupted by the trauma of motion. The splint was not used to overcome deformity, but merely to hold the limb in a perfectly straight position after the deformity was corrected by bed treatment.

MEETING HELD JANUARY 21, 1898.

*Dr. Taylor* presented a patient with "Congenital Absence of the Pectoral Muscle" who had been brought to him because of asymmetry of the upper part of the chest in front. The patient was a boy six weeks old. There was normal fullness of the right side, while the left side where the pectoralis major should have been was much depressed. This was the fifth child of the mother, the others being healthy. Labor was normal. The child moved both arms equally well.

*Dr. Whitman* presented a boy sixteen years old with a similar condition. When five years old he had pigeon-breast. On account of round shoulders and projecting scapulae he had been brought to Dr. Whitman, who had found a defect of the right pectoralis major, due, apparently, to congenital malformation, from which the boy had suffered but little inconvenience, although he was left-handed. The muscular deficiency had never been recognized. The clavicular part of the muscle was normal, but the sternal part was represented simply by a fold of fibrous tissue which could be brought into prominence by certain motions of the arm. He had considered the possibility of poliomyelitis as a cause, but, after seeing Dr. Taylor's patient, he thought the trouble was due to congenital malformation. He had seen a somewhat similar case in which absence of the right pectoral muscle had been accompanied by defective ribs, slight lateral curvature and webbed fingers.

*Dr. Myers* had the day before seen a patient affected with wry-neck from general shortening of the muscles of the right side. There was also on both sides a very marked depression between the inner border of the deltoid and outer border of the pectoralis major, apparently due to absence or defect of the clavicular part of the large pectoral muscle.

*Dr. Sayre* said that in a boy who had been brought to him for pigeon-breast he had found the scapulae very prominent and an almost complete absence of the right pectoralis major. The disability was not serious. He had referred the condition to an attack of poliomyelitis at the age of three, of which he had obtained what seemed to be a credible history. The case might have been, however, an instance of congenital defect of the muscle.

*Dr. Elliott* did not think that it was possible to exclude poliomyelitis in either of the patients shown. He had seen patients in whom a muscular defect in other parts of the body, at first thought to be congenital, had been found to be the result of poliomyelitis. He thought that cases were not uncommon in which the effects of the disease were limited to a single muscle or even to a part of a muscle.

*Dr. Taylor* said that in the case of the baby it would be necessary to assume that the disease had been in utero, as the condition of the muscle had been present from birth and the atrophy was so complete that it suggested the absence of development rather than paralysis. If there had been paralysis it must have been at the very beginning of the development of the muscle, since paralyzed muscles retained their fullness for a considerable time.

*Dr. W. R. Townsend* presented a case of "Deformities Following Typhoid Fever" in a boy nineteen years of age, who had complained of spinal pain and stiffness since recovery from typhoid fever last February. The vertebral column was very rigid, with a slight curve towards the right in the lower dorsal region and a posterior curve of the lower dorsal and the entire lumbar region. There were also a number of swellings distinctly connected with the bone in different parts of the body resembling the cold abscesses of tubercular subjects and syphilitic nodes. They were not very soft and there was no fluctuation. The general health had been poor since the fever. Parsons, of the Johns Hopkins University, had described such swellings as appearing several months after ty-

phoid fever. He had found in them the typhoid bacillus, the staphylococcus and the bacillus coli communis, and had advocated total extirpation of these foci.

*Dr. Sayre* thought the boy might be suffering from hereditary syphilis, which had first made its appearance when his health was broken down by the attack of typhoid fever. If local treatment was necessary the foci might be incised and scraped and packed from the bottom. As the epiphysis is involved in several instances enucleation would endanger the usefulness of the joints. He called attention to the girdle-mark, which is a pathognomonic sign of disease of the spine, and advised treatment as of an ordinary case of tuberculous disease of the spine.

*Dr. V. P. Gibney* advised that a trial of anti-syphilitic treatment be followed by general constitutional treatment, the administration of cod liver oil, etc. He could see no advantage likely to follow cutting out the foci. Spinal rigidity after typhoid fever was due to a mild periostitis about the points of exit of the nerves. He thought that forcible correction with anesthesia would be excellent treatment in this case. He had seen a number of typhoid hips. One of them was under treatment by repeated forcible motion under anesthesia, followed by massage.

*Dr. Whitman* thought that the spinal deformity was the most important feature of the case and that it required immediate correction. He said that the girdle-wrinkle was not caused by muscular spasm, but was simply a fold in the abdominal wall answering to the projection backwards which had taken the place of the normal lumbar lordosis.

*Dr. Sayre* said that he had noticed the girdle-wrinkle in many cases. It would be higher or lower according to the location of the disease. It was due to muscular spasm, which accompanied any muscle subject to irritation and joint inflammation. It was diagnostic of Potts' disease, and was present even when there was no appreciable projection.

*Dr. Townsend* said he had not thought seriously of taking the foci out, as to do so would, in nearly every instance in the patient in question, involve opening into a neighboring joint. He would put the boy upon anti-syphilitic treatment and later would probably consider the other suggestions made.

*Dr. Gibney* exhibited photographs of a boy twelve years old with "Congenital Malformation of the Lower Extremities," whose limbs were normal above the knee, but remarkably deformed below. The right leg had no fibula, while the tibia was greatly curved. The foot had only three metatarsal bones, and two of the toes were webbed. The left leg was longer than the right and the left foot was clubbed and the bones very much atrophied. The astonishing part of it all was the way in which the boy walked. He got about very well indeed. The deformity was talipes equino-valgus on the right side; talipes equino-varus on left side. It had been decided to amputate the feet in the interior two-thirds and have the boy fitted with artificial legs.

*Dr. Myers* related the case of a boy ten years old with "Abscesses, with Perforation of the Bladder," who had left hip disease, with many sinuses and waxy liver. A discharge of urine from a sinus in the inguinal region continued for two weeks. No pus was noticed in the urine. For a time there was pain in the lower part of the abdomen. The urine contained hyaline and granular casts, a few pus cells attached to casts, no sugar and a small amount of albumen. Specific gravity 1010. The child was kept lying on the opposite side. Dr. Myers also related the case of a girl fifteen years old who had many abscesses from disease of the left hip. An abscess appeared above Poupart's ligament on the right side, with abdominal pain. The muscles of the abdominal wall were rigid. Large quantities of pus were painfully passed with the urine. The abscess, after extending towards the left, ruptured, and, with the escape of a quart of purulent fluid, the pus disappeared from the urine. Both of the patients recovered from the perforation. In the first patient the flow was from the bladder outward; in the second, from the abscess into the bladder. He also recalled two cases in which there was intestinal perforation, with discharge of intestinal contents through the sinus. Both patients speedily died.

*Dr. Townsend* recalled a case of psoas abscess in which pus passed for three years through a perforation in the rectum.

*Dr. Sayre* recalled a case of hip disease in an adult in which an abscess discharged through the bladder. The patient survived the complication ten years and is still alive. In another patient in whom both hips were diseased on one side there was perforation into the intestine, with escape of gas from an external sinus. This hip recovered with motion, while the other hip, in which there was no abscess, recovered with anchylosis.

## Correspondence.

### COLD IN PNEUMONIA.

*Editor of the Maryland Medical Journal:*

Dear Sir—Will you have the kindness to publish the enclosed notice and oblige the undersigned?

My three collective reports already published on local cold applications in the treatment of acute pneumonia give a record of 299 cases so treated, with ten deaths, or a mortality rate of 3.35 per cent.

Being desirous of pursuing this investigation still further, I take the liberty of asking those who have tested this measure to kindly give me the result of their experience. Full credit will be given to each correspondent in the report which I hope to publish soon. Blanks for the report of cases will be cheerfully furnished by me, with postage for return of same, on application.

Thomas J. Mays, M. D.,
1829 Spruce St., Philadelphia.
February 26, 1898.

Vinegar and Nausea.—The Medical Council says that if the patient is allowed to inhale vinegar after an operation, while coming out from the anesthesia, the nausea and vomiting will be prevented. Pour it on the mask or towel and let it be inhaled as ether is.

Aneurisms.—The iodides are very efficacious in some forms of aneurisms, even when a specific trouble is not suspected. They should always be pushed to the limit.

## Medical Progress.

Plasmatic Cell Contents.—In the Münchener Medicinische Wochenschrift Professor Hans Buchner and Dr. Martin Hahn have contributed papers on the "Production of Plasmatic Cell Juices" and "Experiments in Immunization and Clinical Treatment with the Plasmatic Cell Juices of Bacteria." Buchner reports further on his method of obtaining the plasmatic cell contents, without recourse to chemical action by the mechanical trituration of the moist germ mass, followed by expression of the magma thus obtained in a hydraulic press at 400 to 1,500 atmospheres. This method was first applied to yeast cells. And Buchner thus obtained a clear yellow, slightly opalescent liquid possessing a very considerable proportion of albumen. This liquid was shown by E. Buchner to be capable of producing genuine alcoholic fermentation in the absence and without the co-operation of any living organisms whatsoever. The real depository of the fermentative action is therefore a peculiar enzyme-like substance, which is also capable of acting independently of the living cell and which received the name zymase. In moist condition this substance readily undergoes alteration; the fermentative properties also disappear spontaneously on somewhat prolonged storage, and this disappearance has probably some connection with the existence of powerful digestive enzymes observed by Dr. Hahn in the expressed juice, these enzymes giving rise to a species of autodigestion. On the other hand, dry zymase is permanent.

The next step was naturally the production by the same method of the expressed juices of pathogenic bacteria with a view to studying their specific properties. The manufacture of these bodies, to which Buchner gives the name plasmins, presupposes the dispelling of technical and biological difficulties. This task was assumed by Dr. Hahn, and the second paper mentioned above contains his results.

He experimented with three types of pathogenic bacteria: 1, the cholera- or typhus-bacilli, which in guinea-pigs produce only acute and local infection; 2, anthrax-bacilli or staphylococci, which give rise to acute, general infection, and, 3, tubercle-bacilli, which provoke chronic general infection.

The juice obtained by expressing cholera-bacilli (cholera-plasmin) is strongly albuminous, the albumen behaving like a nucleo-albumen. To guinea-pigs it is toxic in a very limited degree, the pigs being killed only by larger doses; the local action consists in an inflammatory infiltration. It is easy to immunize guinea-pigs, with the aid of the cholera-plasmin, against peritoneal infection with living cholera bacteria, either by repeated small doses or by larger doses given at one time. This immunization is strictly specific and persists for three to four months. The destruction of the cholera vibriones in the organism of the animals immunized with the expressed juice proceeds amid the symptoms observed by Pfeiffer, and yet not only the exudate, but also ths blood serum of these animals possessed specific agglutinating properties; very similar to the foregoing were the results with the typhoplasmin.

Hahn does not believe that there is any field for the therapeutic use of choleraplasmin with human beings. At the most it could be used only for prophylactic injections in the sense of Haffkine's experiments.

The typhoplasmin, on the other hand, could be used for therapeutic as well as immunizing purposes; nevertheless, it seems questionable whether immunity against peritoneal infection is identical with that against an intestinal disorder.

The experiments with the expressed juices of anthrax bacilli and staphylococci have shown that it will scarcely be possible to achieve, with their aid, a sure immunization against general infection. Though the animals treated succumbed somewhat later than the control animals, this fact could be explained by the elevation of bactericidal properties due to hyperleucocytosis.

With the expressed juices of tubercle baccilli (which give promise of practical results) Dr. Hahn made his experiments six months before the appearance of Koch's publication. These experiments have not yet been concluded, and require to be supplemented by clinical experiments on human beings. The tuberculoplasmin is a clear, amber-yellow liquid, containing much coaguble albumen; decomposes hydrogen peroxide (in contradistinction to Koch's new tuberculin), and may be stored for a considerable time in an ice-chest without the development of germs by the addition of 20 per cent. glycerin and 5 per cent. common salt. With this preparation Hahn treated a number of guinea-pigs. Two weeks after inoculation he began injecting very small, gradually-augmented, doses, which produced moderate but distinct symptoms of fever, the injections being prolonged for months. Of the seventeen guinea-pigs thus treated, three died before there was any possibility of a curative action; five others succumbed, in common with the control animals; but with four other guinea-pigs there was visible, despite the fact that death was not prevented, an anatomically lesser distribution, or a reactive modification in the vicinity of the tubercle. The remaining five animals have thus far survived the control pigs one and one-half to two months. Thus, almost one-third of the series were preserved, and in view of the inborn susceptibility of guinea-pigs to the tubercle bacillus this may be considered a not unfavorable result.

Investigations with the human subject would seem in order, especially as clinical tests thus far made have demonstrated the harmlessness of the remedy in human therapy, inasmuch as the patients are commonly presented for treatment in an advanced stage, and are complicated by secondary infections, and since it is not possible to inject into a human being a quantity proportionate to that given the test animal. But, on the other hand, some benefit would be derived from the non-specific power of the tuberculoplasmin to produce hyperleucocytosis, whose favorable influence on experimental infections has been repeatedly emphasized.

MARYLAND
# Medical • Journal.
PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.
DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.
CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.
TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.
CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.
WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MARCH 5, 1898.

**Plagiarism.**

BECAUSE there is said to be nothing new under the sun there is no reason why the old should be repeated too literally and too soon after the original. Plagiarism is a sin which is too often found out and is much to be despised, and yet in all departments this sin is committed again and again. Musicians consciously and unconsciously imitate and copy each other; novelists freely make use of similar plots and situations, because there are said to be but seven plots in existence. In scientific writing, however, sooner or later the literary thief is found out.

Such a case has recently come to light, according to which an article in one of the best known medical weeklies was bodily copied from a standard work in medicine, and it was very naturally discovered.

Not very long ago a physician in Baltimore sent what was supposed to be an original article to a prominent medical weekly. Not long after that a reader with a retentive memory noticed the similarity between this article and a certain well-known text-book, and after comparing the two, found the deadly parallel. It is needless to say that the plagiarist was communicated with and he promptly returned the money with which he had been compensated.

There are other writers who serve up an old dish in a new dressing, but with the same old facts. These may not copy, but they come very near it. Anyone looking over the table of contents of a number of current journals will be surprised to see such similarity of titles.

The poor uterus is a field for many writers, and the number of articles on the treatment of retro-displacements of the uterus would fill a small library. And yet, after all, such repetitions may have their uses, for the average reader reads and forgets the main facts in a paper until he has a case, and then he is glad enough to find a new article on the same topic.

Absolute literal copying is hardly praiseworthy, but an old subject can often be written up afresh in an attractive way, and is not to be lightly considered simply because it is nothing new.

* * *

**The Mayor's Appointments.**

THE contents of the Mayor's green bag have at last been made known and the medical officers for Baltimore have been named. Probably no one was surprised at the fact that officers old in duty were forced out to make room for those of the same political faith as the partisan Mayor, but it is a great source of congratulation that some of those named are men of such high character, although with no especial fitness or experience.

It seems a great pity that men such as Dr. McShane and Dr. Heiskell, with so many years of experience, should be lost to the city. These men were, in a measure, educated in their departments by the city, and it is a mistake from a sensible, although not from a political, point of view as an investment to turn out experienced men to make room for others, perhaps equally good physicians, but certainly lacking in routine knowledge and actual experience.

It is a very curious proceeding that a candidate begs and implores the people to elect him, and after he is elected these same people beg him in vain to make fit appointments. The physicians and the people wanted the retention of Dr. McShane, but the mayor for political reasons did as he pleased.

These appointments show how important it is to take the Health Department out of politics and make fitness by some fair test the means of selections.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 26, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | . | 38 |
| Phthisis Pulmonalis | .. | 17 |
| Measles | 37 | 2 |
| Whooping Cough | 31 | 3 |
| Pseudo-Membranous Croup and Diphtheria. | 43 | 6 |
| Mumps | 1 | .. |
| Scarlet Fever | 19 | 1 |
| Varioloid | .. | .. |
| Varicella | 4 | . |
| Typhoid Fever | 5 | 2 |

The Sheppard Asylum will get the Pratt bequest.

Dr. Harry P. Fahrney has been elected physician to Montevue Hospital at Frederick, Md.

Dr. J. Q. A. Stewart, a prominent physician of Kentucky, died last month after a short illness.

Esmarch, being seventy-five years old, has decided to resign his chair of surgery at the University of Kiel.

The Johns Hopkins University has asked the legislature for $100,000 a year for two years, and will probably get it.

Dr. John P. Maynard, a surgeon of Boston, died last week, aged seventy-two. Dr. Maynard was famous for the first use of collodion in surgery.

There are several towns in New York which have physicians as mayors and some in Maryland also. Dr. William Pepper has been spoken of as the future mayor of Philadelphia.

The Medical and Chirurgical Faculty of Maryland will hold its annual meeting in Baltimore April 25, 26, 27 and 28. Physicians intending to present papers should begin work on them now.

The State Live Stock Sanitary Board of Maryland has had presented to the legislature a bill to prohibit the slaughtering of diseased animals and selling their meat in Baltimore or within five miles of the surrounding suburbs.

The Governor of Maryland has appointed Drs. William Kroh and F. W. Germon coroners of Baltimore. Dr. A. K. Hodel was appointed, but declined to serve.

Statistics of life insurance companies show that in the last twenty-five years the average of woman's life has increased from about forty-two to fifty-six years, or more than 8 per cent. In the same period man's life on the average has increased in length 5 per cent.

The following vaccine physicians were appointed by the Harford County Commissioners: Dr. Richard Opperman, of the first district; Dr. J. H. Kennedy, second; Dr. F. P. Smithson, third; Dr. W. L. Smith, fourth; Dr. W. E. Arthur, fifth, and Dr. D. W. Hopkins, sixth district.

In the death of Dr. Edward C. Seguin of New York, the profession of this country loses one of the most prominent nervous specialists of the world. Dr. Seguin was born in Paris in 1843, was graduated from the College of Physicians and Surgeons of New York in 1864, and at once became famous. Of later years family troubles and personal illness caused him to retire from active work.

The following appointments for Baltimore are announced to have been made by the Mayor; they await the City Council's approval: Dr. C. Hampson Jones, Health Commissioner, salary $3,500; Dr. J. Tyler Smith, Assistant Health Commissioner, salary $2,000; Dr. G. Lane Taneyhill, Quarantine Physician, salary $3,000; Dr. J. J. Caddwell, Sanitary Inspector, and the following new vaccine physicians: Drs. C. F. Blake, Cohen, C. W. Pfeffer, Conrad P. Strauss and Harry E. Knipp.

A bill has been introduced into the Iowa State legislature to exempt from the examination required by the medical-practice law all graduates of the medical department of the Iowa State University. The reasons urged for the desired exception may be cogent ones (we have not seen them stated), but to the uninitiated it looks like an unworthy attempt to entrap medical students in this particular school and to draw their dollars into the pockets of the professors. At any rate, we hope the physicians of the State will see to it that their lawmakers are enlightened as to the probable results of such unwarranted favoritism before they pass the act. Maryland is threatened with the same law.

## Washington Notes.

There was an increase in the death rate during the last week. Of the 125 deaths, 47 were due to lung diseases, 3 from typhoid, 2 from diphtheria, 2 from pertussis and 1 from grippe.

Washington is an ideal place in the spring and autumn for holding medical meetings. It is a city which physicians always enjoy visiting and is full of interesting points and magnificent buildings.

The appropriation bill reported to the House provides $54,500 for the Deaf and Dumb Institution, $19,000 for the Garfield Hospital and $19,000 for the support and medical treatment of ninety-five medical and surgical patients, contract to be made with Providence Hospital by surgeon-general of the army.

It is not probable that Congress would legislate to erect an inebriate's asylum with the present number of hospitals already in operation in the city. A ward at St. Elizabeth's or Garfield could be set aside for the treatment of inebriates with little, if any, additional expense to the public.

Dr. Thomas B. Bailey, passed-assistant surgeon in the navy, died suddenly February 24 from an overdose of cocaine, which was self-administered. Dr. Bailey was appointed to the Naval Medical Corps in 1889, and was promoted to passed-assistant surgeon three years later. He returned in December from a three years' cruise in the Atlantic waters on board the Machias and was assigned to duty in Washington.

Water supply and sewerage of Washington and reclamation of the Anacostia flats were discussed at the last meeting of the District Medical Society. It was clearly shown that epidemics of typhoid fever in Cumberland, Md., are followed by like epidemics in Washington; that the Potomac river at and below Cumberland is the one vast sewer for the thickly-populated district, and that in the past seventeen years there were 2,539 deaths from typhoid in Washington, or an average of 145.35 per year. Taking the mortality of the disease at 10 per cent., we have an average of about 1,500 cases a year, at a cost double of what the most expensive filter plant would amount to.

## Book Reviews.

Surgical Pathology and Principles. By J. Jackson Clarke, M. B. (Lond.), F.R.C.S., Assistant Surgeon at the Northwest, London and City Orthopedic Hospitals; Late Senior Demonstrator of Anatomy, Demonstrator of Bacteriology and Curator of the Museum in St. Mary's Hospital Medical School, and Pathologist to St. Mary's Hospital. With 194 illustrations. Longmans, Green & Co., London, New York and Bombay.

This is a small duodecimo volume of 440 pages. It is up to date, but is so condensed as to be but little more than a manual for examinations or quick reference. The illustrations are very crude. If one is obliged to acquire information quickly this book will be found to be very convenient for the purpose, but if time is not so limited other more compendious works may be more advantageously consulted.

Diseases of the Stomach: Their Special Pathology, Diagnosis and Treatment, with Sections on Anatomy, Physiology, Analysis of Stomach Contents, Dietetics and Surgery of the Stomach. In three parts. By John C. Hemmeter, M. B., M. D., Philos. D., Professor of Diseases of Stomach and Intestines at the University of Maryland. With many original illustrations and a lithograph frontispiece. 1897. P. Blakiston, Son & Co. Pp. 770. Price $6.

The American profession, which has sadly felt the want of a work on the diseases of the stomach, is to be warmly congratulated on the acquisition of Dr. Hemmeter's treatise, a work systematically arranged so as to be readily grasped by the student and, at the same time, invaluable to the general practitioner and specialist, embodying as it does all that is known of practical import on the subject and the results of the latest researches, no small part of which has been carried out by the author himself. The work contains an original method of testing the peristalsis and capacity of the stomach, also an excellent method for obtaining the rate of gastric absorption. Both present important advances over the methods heretofore used for investigating these functions of the stomach. On dietetics the book is particularly strong. Diet lists for the various diseases, detailed directions for preparing foods and their indications form a feature the importance of which will be recognized and appreciated by all those who had any experi-

ence in the treatment of stomach disorders, and the value of which cannot be overestimated.

The illustrations are very satisfactory. They are present wherever they can be of value in elucidating the text; they are well executed and are, for the most part, original. The literary style is excellent, its language being clear and precise, the thoughts following each other in logical sequence, so that its reading becomes a real pleasure. The profuse citation of authorities and references to the literature on the subject makes the work particularly valuable to those who desire an exhaustive review and knowledge from original sources. In its entirety the work is one which cannot but commend itself to the profession. Its merits ensure its success.

---

Messrs. E. B. Treat & Company of New York announce the early publication of their *International Medical Annual* for 1898. This is a work of reference for medical practitioners alphabetically arranged, combining the features of an annual retrospect with those of a medical encyclopedia. This is the sixteenth year of its publication. It is copiously illustrated, including thirty-six full-page plates, twelve of which are finely colored. The price net, post free, is $3.

---

## REPRINTS, ETC., RECEIVED.

Suicide. By C. H. Hughes, M. D.

Report of the Kensington Hospital for Women, 1895-1896.

Angina Pectoris. By J. H. Musser, M. D. Reprint from the *American Journal of the Medical Sciences.*

A Clinical Study of Widul's Serum Diagnosis of Typhoid Fever. By John H. Musser, M. D., and John M. Swain, M. D. Reprint from the *Journal.*

Case of Carcinoma of Descending Colon; Excision and Anastamosis; Recovery. By John H. Musser, M. D., and Thomas S. K. Morton, M. D. Reprint from the *University Medical Magazine.*

Removal of a Piece of Steel from the Vitreous Chamber, the Position of the Foreign Body being Determined by the Presence of a Scotoma in the Field of Vision. By Charles A. Oliver, A. M., M. D. Reprint from the *Ophthalmic Record.*

# Current Editorial Comment.

## IMAGINATION.

*Boston Medical and Surgical Journal.*

To banish the element of imagination absolutely from any walk of life would undoubtedly be unfortunate; but as scientific men we cannot be too careful in recognizing whither its indulgence may lead. Of interest and value, therefore, is an investigation now before us, directed to the end of determining with accuracy the scope of imagination in the observance of certain objects.

---

## EXPERT TESTIMONY.

*Medical Sentinel.*

The profession should be foremost in every effort to bring medical expert work up to a higher plane than it has heretofore occupied, but this must be done in the interest of truth. If we are to select medical experts, however, in such a manner as to prevent differences of opinion, because such views throw disfavor upon the medical profession, we are not seeking the highest attainable object. The medical profession, with all its shortcomings, will always have just the amount of respect from the public which it deserves, which has been and always will be second to that given to no other class of people.

---

## PHYSICIANS AND CLERGYMEN.

*New England Medical Monthly.*

There appeared recently in one of our exchanges an account of how one of our brethren in the South after a long and tiresome attendance upon a critical case in the family of a clergyman of his village, received in due time, instead of a proper fee, a fine large pineapple as a token of a parent's overflowing gratitude. How the heart of the patient doctor must have throbbed with emotion at this unsolicited recompense for his long-continued care and devotion! Yet mayhap even this exceeded his expectations. However, we should not be unduly envious of this good fortune of a brother-practitioner, for we ourselves can recall instances where we have received thanks and have even been asked, "Doctor, now how much am I owing you?" but with that peculiar intonation which is at once recognized by the wise and experienced physician, who at once replies, "Oh! nothing at all, my dear sir; pray don't mention it"—and henceforth he never does.

# Medical Meetings.

| APRIL | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | .. | .. | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| .. | .. | .. | .. | .. | .. | .. |

| MAY | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | .. | .. | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

**The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.**

## National Associations.

### April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

### May.

ASSOCIATION OF AMERICAN PHYSICIANS. Washington, D. C., May 10, 11 and 12, 1898. F. C. SHATTUCKS, M. D., President, Boston, Mass. HENRY HUN, M. D., Secretary, Albany, N. Y.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN NEUROLOGICAL ASSOCIATION. Washington, D. C., May 4, 5 and 6, 1898. M. ALLEN STARR, M. D., President, New York City. GRAEME M. HAMMOND, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May —, 1898. THOS. R. FRENCH, M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

## State Societies.

### April.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

### May.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Lancaster, May 17, 18 and 19, 1898. W. MURRAY WEIDMAN, M. D., President, Reading, Pa. C. L. STEPHENS, M. D., Secretary, Athens, Pa.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

## Local Societies.

### BALTIMORE.

BALTIMORE MEDICAL AND SURGICAL ASSOCIATION. Meets on the 2d and 4th Fridays of each month, at 8.30 P. M., in the Hall of the Medical and Chirurgical Faculty, 847 N. Eutaw St. JOHN I. PENNINGTON, M. D., President. EUGENE LEE CRUTCHFIELD, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

CLINICAL SOCIETY OF BALTIMORE MEDICAL COLLEGE. Meets at College 1st and 3d Tuesdays. J. M. H. ROWLAND, M. D., President; C. H. DIXON, M. D., Secretary.

BALTIMORE NEUROLOGICAL ASSOCIATION. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. WM. GREEN, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL JOURNAL CLUB. Every 2d and 4th Saturday of each month, 8.30 P. M. 847 N. Eutaw Street.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P. M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. EUGENE F. CORDELL, M. D., President, E. E. GIBBONS, M. D., Secretary.

### WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. LLEWELLYN ELIOT, M. D., President. ELMER SOTHORON, M. D., Secretary.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. T. C. SMITH, M. D., Corresponding Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D.; Secretary, W. K. BUTLER, M. D.

THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA. Meets on 2d Saturday of each month at the National Medical College. L. KOLIPINSKI, M. D., President. GEORGE C. OBER, M. D., Corresponding Secretary. J. THOMAS KELLY, M. D., Recording Secretary.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President. DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Mondays in each month. NOBLE P. BARNES, M. D., President. GEORGE C. CLARK, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 22. BALTIMORE, MARCH 12, 1898. Whole No. 885

## Original Articles.

# CEREBRAL FEATURES OF PNEUMONIA.

*By William Osler, M.D.,*
Professor of Medicine, Johns Hopkins University.

CLINICAL REMARKS MADE AT THE JOHNS HOPKINS HOSPITAL, FEBRUARY 23, 1898.

You have had illustrations this session of typhoid fever in which the symptoms suggested a cerebro-spinal affection. Perhaps more frequently pneumonia presents cerebral features which are apt to lead us astray in diagnosis, and of these I wish to speak to you today. You have already been impressed with the fact that even in the gravest forms of pneumonia the mind may remain clear to the very last. The old man who died this week, and whose lungs I have just demonstrated to you, was conscious to the end.

From the very outset the nervous features may so dominate the scene that the local lesion is apt to be overlooked. I think we may group these cases as follows:

First, the so-called cerebral pneumonia of children, in which the disease sets in with a convulsion, and there are high fever, headache, delirium, great irritability, muscular tremor and, perhaps, retraction of the head and neck. The diagnosis of meningitis is almost invariably made and the local affection may be overlooked.

Secondly, cases in which the disease sets in with acute mania. In my recent paper on the prognosis in pneumonia I mentioned the case of a young man who, on the train from Chicago, behaved strangely, and developed the delusion that there were train-robbers and that persons were following him. His conduct disturbed the passengers in the Pullman car so much that he was put off the train at Pittsburg as a lunatic, and was taken by the police to the hospital, where he became actively delirious and made an attempt to cut his throat. He had no cough and very little fever, though he complained of pain in the side. The pneumonia was not recognized for several days.

In hospital practice we frequently see the pulmonary features masked in those of delirium tremens, and you are certain to be led into error unless you make it an invariable rule to examine with scrupulous care the chest in such cases. It is remarkable with what abruptness the symptoms may develop, and the delirium may have an intensity and severity unequaled by that seen in any other disease. The diagnosis of acute mania or acute meningitis is usually made and the true condition may not be recognized for several days.

Thirdly, cases with toxic features resembling rather those of uremia. Without a chill and without cough or pain in the side the patient may develop fever, a little shortness of breath, and then gradually grow dull, heavy, and within three days there may be a condition of profound toxemia, with low, muttering delirium.

In the case before you we suspected acute mania or meningitis. She was brought to the dispensary last Friday morning, February 18. She was in a very excited condition, which was greatly aggravated by any attempt to examine her. It was difficult to get a satisfactory his-

tory from the friends who brought her, and they simply stated that since the day before she had been intractable and at times wildly delirious. She was transferred to the nervous dispensary, where Dr. Thomas conferred with Dr. Hurd as to whether the case was one of acute mania. Fortunately while there she was quiet enough to have her temperature taken, which was found to be 102.5°, and this decided her admission to Ward I. The following history was obtained:

Helen E., aged twenty, married; had always been very healthy, though she has lived a rather dissolute life, and has been addicted to drink. Last summer, after a bout of drinking, she had a fit, and she had another about three months ago. On Wednesday, February 16, she attended to her housework and was apparently well. In the evening her aunt says she had a chill. On the morning of the 17th she complained of severe headache, remained in bed, and during the day she had a fit. On Thursday evening the headache was very severe, and in the night she became violently delirious, requiring two or three people to restrain her. She had delusions that she was surrounded by a great many people. She continued in this condition throughout Friday morning. She had no cough and no expectoration.

On admission to the ward the temperature was 104.6°, and when she was put to bed in Ward I her pulse was 110, of good volume, regular; the respirations were rapid, shallow, but not labored, and there was no expiratory grunt. It was impossible to make a satisfactory examination. On Friday evening she appeared at times to be conscious, and complained very much of pain in the head and back. The pupils were equal. She shrieked loudly the moment any attempt was made to touch her. She lay on the right side, with her knees drawn up. There was no special retraction of the head or neck.

Throughout Saturday, the 19th, her temperature ranged from 102° to 104°. She continued very refractory, but seemed to understand everything that was said to her. The tongue was thickly coated; she had no cough, no expectoration. A superficial examination of the lungs in front and of the abdomen was made, but nothing special was detected.

On the 20th the temperature ranged from 102° to 103.5°. She still continued very excitable, and cried and resisted any attempt to turn her over and examine her back; also cried out loudly when her head was bent forward. Pulse was regular, 110. The lungs were clear, anteriorily. In the evening Dr. Gwyn was able for the first time to get a hurried examination of the back of the chest, and noticed that there was defective resonance at the right base. The patient's respirations were also rather suggestive. He was able also today to make for the first time a blood count. The leucocytes were 20,000 per cubic centimeter.

On the 21st she was somewhat better; the temperature not so high, 100.5°, and she was more rational.

When I saw her at noon on the 22d she was very much quieter, rational, and for the first time she submitted to a thorough physical examination. There was marked impairment of the resonance at the lower lobe of the right lung, with tubular breathing and subcrepitant rales. A crop of herpes on the lips developed on the 20th.

Today, February 23, her condition has changed remarkably. The crisis has occurred, and the temperature fell to normal at 8 A. M. She is, as you see, quite rational, and the respirations are quiet. The pulse is good; the tongue is clean, and there remain only the well-marked signs of consolidation of the right lower lobe, with tubular breathing.

In many of these cases the most characteristic symptoms of the disease may be absent, particularly the cough and rusty expectoration. In fact, certain of them offer a striking contrast to the cases I was speaking of last Wednesday, in which all the symptoms of the disease were present—the cough, rusty expectoration, leucocytosis, fever and shortness of breath—without physical signs; whereas in the type of case at present under consideration all the characteristic symptoms are lacking, but the physical signs—if you can get at them—are well marked.

Even in the most critical of these cere-

bral cases the crisis and the onset of convalescence may occur in the ordinary way and the patient may pass from a state of extreme hazard to the condition in which you see this woman today—one of perfect safety.

## TELANGIECTASIS AND NEVUS VASCULOSUS.

*By J. Abbott Cantrell, M.D.,*
Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine, Dermatologist to the Philadelphia Hospital, the Frederick Douglass Memorial Hospital and the Philadelphia Medical Mission.

CLINICAL LECTURE DELIVERED AT THE POLYCLINIC HOSPITAL, PHILADELPHIA.

GENTLEMEN—Vascular conditions of the skin present such a disagreeably prominent appearance, especially when observed upon the face or other exposed surface, that we are often called upon for advice and relief. What shall we do to give these sufferers a clear skin and a composed mind?

Before presenting the cases to you this morning it may interest you to know something of the affection for which our advice and good judgment are sought. Speaking in a complex manner of the above affections, and classing them under the one title of angioma, we consider the affection as one of either congenital or acquired growth. Telangiectasis is the form in which we find the acquired variety, and, superficially examined, presents a number of ramifications in the cutaneous capillaries. These markings upon the skin are usually so distinct that the casual observer may detect them. Early in their history and appearance we find that our patient asserts they were only little reddish streaks in the skin. At this time most persons feel that they are a good expression of health, and that as they may be perceptible only upon close scrutiny, they should be left to themselves. But as time wears on these small streaks become larger ones, and then the mind of the affected persons is drawn to some idea of seeking relief.

Looking at these with our experienced eye, we note the enlargement of the capillaries in the upper strata of the skin in their earliest appearance, and as time progresses we see these superficial blood-vessels increase in magnitude as their walls give way to the increased pressure behind. At first their size is rather insignificant, being possibly only pin-point streaks of sanguinous fluid coursing along the upper skin and accepting either a straight or tortuous lineation and lying parallel with their fellows, or may be seen interlacing one another somewhat like the meshes of cheese-cloth. As long as the capillaries are affected in parallel lines they are not likely to become exceedingly prominent for possibly a long period, but where they cross and recross one another their presence is soon disfiguring.

At first the walls of these vessels are able, to some extent at least, to repel the excessive flow of blood, but after a time they are forced to allow its passage without resistance, or its show of resistance is so weak that the fluid passes unheeded. The walls which at first are normally correct soon lose their resiliency, and as this elasticity is diminished it is natural to suppose that the oncoming fluid, with a pump behind to assist its flow, must necessarily increase the lumen of the vessel through which it passes. Naturally, then, we all can imagine what appearance must necessarily be produced upon the outer skin or that portion which is visible to the naked eye when a great number of blood-vessels carry more than the natural supply of blood to the part. At first the skin is found in most cases to be of a pinkish-yellow, and as the increase of blood gives it a darker tint of red it certainly loses its yellowish aspect to the great detriment of the sufferer's feelings.

Vascular nevi, or the congenital form of this blood deposit, have received many appellations from the public mind, and such expressions as mother's mark, birth mark or that the maternal parent had met with some happening of great importance while the child was yet in utero, are often heard. Both a flat and raised form of this affection is observed. Of the flat manifestation we meet with several forms; one in which we note a central reddish mark, with few or many sinuous lines departing from its borders. This le-

sion, which may vary in size from the smallest possible spot to one of great proportions, is usually single, although many similar marks may be seen throughout the cutaneous surface. As in the majority, its summit is smooth and soft, but cases are often presented in which the surface of the affected spot is covered with either long or short hairs. These growths may remain in a quiescent state for an indefinite period, when from some cause they may take activity and grow rather quickly.

Another form of the flat nevus is the so-called port-wine mark, which may be noticed at birth to increase slightly as the child grows, but which, after a time, ceases to further progress and remains possibly throughout the life of the individual at the size attained in these early months of the child's existence. This mark is usually the color of port wine, from which it gets its name, but occasionally it may be found of different shades of red, from a light to a dark tint. The raised form may be slightly raised above the normal surrounding skin in rather a smooth lesion, or it may accept rugous or otherwise warty appearances. In color it may be of a highly vascular red, or be seen of a darker hue. These raised nevi often pulsate synchronously with the heart's action or become more violaceous by the straining or crying which may be indulged by the affected person. Another variety of the raised nevi is what has been termed angioma cavernosum, which, as its name implies, is truly a cavernous tumor of more or less size. They may affect the skin only as a secondary measure or may begin in that structure. They usually attain great size, and sometimes may ulcerate upon their summit or gangrene may be noticed at some point of its external aspect.

This young man of twenty-six years presents himself for the first time today. He complains of some reddish tortuous lines, which are situated upon the center of each cheek. They have been present for some time, although he has had no advice or treatment for them. He tells us that were it not for the remarks of friends, even now it is possible that he would not have had sought our attention. This shows you that it is often others who first show us our troubles and compel us through their banterings to wish their removal. If you will closely examine these spots you may notice that the capillaries, while enlarged, have not as yet reached that stage where it is impossible for treatment to be effective. It is not often that we are called upon to relieve this condition in so young a person, because the disease is one of more aged people. When it does attack the young it is more often an accompaniment of acne rosacea, and as this latter affection has of late been noticed more often in the younger generation, in this clinic especially, we must know the means for its removal if that is possible. By further questions we find that this individual has for some time been a sufferer from intestinal disorders, and that after each meal he finds quite a flush of the face, a common complaint in all these cases of telangiectasis.

The general advice in a case of this character is the correction of diet, attention to both the renal and intestinal discharges, care being directed to the health otherwise, and, in fact, the affected individual must be placed upon a good hygienic basis. It may be possible that malt or alcoholic liquors may be responsible in an indirect manner for the appearance of this condition, but in the case before us it has been positively asserted that such is not the cause. Should we find it so, they must be interdicted. Whatever may be the cause of any derangement of the bodily economy must be strenuously sought and as strenuously corrected.

The local measures that are demanded in conditions similar to this may be divided into two classes, one class being the application of some remedy that will act as an astringent to the blood-vessels, and often we may be able to procure this by local measures of this character. Preparations of sulphur at times do have a constringing effect upon the capillaries, but they should be advised early and applied faithfully if any effect is procured. One of the most frequent washes that we adopt in this clinic is known as "Kummerfeld's Solution," and is prepared as

follows: Precipitated sulphur, two drachms; powdered camphor, ten grains; powdered tragacanth, twenty grains, and sufficient quantities of each lime and rose water to make four ounces of solution. This should be applied to the affected areas at least thrice daily for an indefinite period. The diseased individual is kept under strict observation, and at least once in every two weeks is examined to find what effect has been produced through these measures. In many cases this will be found to have the desired effect. This young man will return in two weeks so that you may know the result.

Knowing that you are anxious to see what effect will be produced by these simple means, I have brought this young man of thirty-three years here today that you may have the satisfaction of seeing the result of similar treatment. After two weeks of such medication it may be seen that some decrease has been effected, and those of you who saw him at the previous visit may be able to detect the change.

I now desire to show you an individual of forty years of age, who has not only used this method faithfully, but has also been under our observation for about six months, and during this period has applied other remedies having a like quality, but you may notice that if any change has been procured it is so slight as to escape our attention. I now propose to sever these blood-vessels by means of this multiple or five-blade knife. This is the knife which was devised by Professor Pick. My assistant will spray the part with a tube of ethyl chloride and I will cut into the skin to a depth of about one-sixteenth of an inch, which you notice is now devoid of pain, because the part is entirely frozen. You may see that while the part regains its natural composure the blood begins to flow, and for a time we will allow this to continue, so that the part may be freed of some of this congestion. These measures will be continued at intervals of one week if allowable, but often it requires about two weeks for the part to return to its natural quiescent stage.

This man who now enters the arena has been under a similar treatment for about three months, and as he was at the beginning much worse than any of those previously shown, it may be observed that the result is very gratifying. He tells me that his face is less red than it has been for years, and as he now is fifty-five years of age he is sorry that he never came before for relief.

The use of electricity by means of the needle attached to the negative pole (not the positive, as usually advised), and carrying a current of about ten cells of a recently-charged galvanic battery, is often of decided service. The needle is passed along the course of the vessel, and for a short time the current is allowed to pass, and if closely watched the part becomes rather whitish in appearance, thus denoting the action of the substance. As soon as this occurs the current should be broken and the needle carried to some other portion of the affected area. One application of this measure may be sufficient to procure the desired result, but if found otherwise another treatment may be given. I shall show you the use of this method when presenting another series of cases, which are now awaiting our attention.

This child which now presents itself to our vision is thirteen months of age and was brought to us by the mother, who now accompanies it. They seek advice for a flat reddish spot on the right side of the face, situated about one inch and one-half from the outer canthus of the eye, but depressed slightly below a line parallel with the eyelids when closed. The mother states that the growth was noticed at the birth of the little one, but remained quiescent until about three months ago, when it commenced to grow. At the present time it is about the size of a half coffee bean, with its long axis directed toward the eye and ear on either side. It is, as you notice, pinkish-red, but of a much lighter shade than usually observed in these conditions. Upon closely examining it you may notice that it has a distinct center, with radiating lines from this portion towards the more healthy areas and which fade as they approach the sound skin. These sinuous touches are not distinctly visible, because of the multitude, and conse-

quently upon first glance look as if making a part of the main spot.

As this mother brings the child to us for the purpose of having this obnoxious condition obliterated, we must look into the methods adaptable for this destruction. I may add that as the child is so young it might be impossible for us to use the electric current. More simple means may give us the desired effect, and of these I may mention the officinal acetic acid, which may be applied directly to the spot. The first change that is noticed after painting with this acid is a whitish discoloration upon the nevus. After a short period this changes into an inflamed condition, and soon forms into a crust as the layers of the skin are destroyed. It may be several days before another application can be made. As this method is the mildest that could be adopted we often are confronted with failures, but in some cases the result is just as effectual as the more active measures.

I now present for your inspection several cases which received treatment at this clinic in years gone by. One of these, a boy of now ten years, had applications of glacial acetic acid. If I remember correctly he remained under our advice for a period of three months and during this time had as many as twenty applications of this acid before the desired result was gained. This young man of eleven years was treated with the trichloracetic acid and the result speaks for itself. Monochloracetic acid, as well as nitric acid, have given excellent results. This method of application acts by causing a slight ulceration, which destroys the blood-vessels and thus allows the diseased areas to return to their normal condition. Care should always be exerted not to allow too much destruction or the resulting scar will be more disfiguring than the diseased appearance, but this is a secondary consideration in cases of much magnitude.

Wishing to show you the use of electrolysis for the destruction of these growths, I have brought this young man of fifteen years from my private office. He has a nevus of the raised variety situated upon the left cheek, and as it now is about the size of a half-bean he sought my advice only yesterday. For the treatment of such a condition we must have an ordinary galvanic battery (or, if in our private office, a Leclanché cell) which has been recently charged and of about ten or fifteen cells in strength. Furthermore, we have at our disposal a platinum or steel needle with an appropriate handle. The handle which I now show you has a central cavity, with an opening at one end for the insertion of the conducting cord and a screw-nut arrangement at the other, an attachment for the needle.

Having all arrangements completed, we insert the needle at right angles with the skin directly into the little tumor, and as we have now about ten cells in the current, we complete the circuit by having the young man grasp the sponge-covered electrode (positive pole), and, as the current passes, you may notice exuding from the point in which the needle was passed a whitish frothy substance, which tells us that the action has commenced. We must now keep the needle in position for a period of about five or ten minutes, moving it from one side to the other as the destruction continues. After the expiration of this time we remove it and insert it at some other point, and carry the same manœuvres, and so on until the growth is entirely destroyed.

It usually takes from fifteen to forty-five minutes to remove most growths by this means, but often, owing to the size of the affected patch, it may be impossible to entirely remove all at one sitting. As I now have removed most of the tumor, it is now our duty to allow the destruction to continue by the action of nature itself. You must remember that the amount of destruction that we have performed is not all that takes place, as nature itself carries on the process for a few days, i. e., we may not be able to see all that has been accomplished, as it is possible that we have destroyed more tissue than is apparent, and we must give it time to show itself, which it does by sloughing away. In about two weeks or even one we may be able to see just what has been done, and as the crust that is formed usually falls off in the period mentioned we may again resort to the pro-

cess until all of the diseased blood-vessels have been destroyed. The resulting scar will depend upon the careful manner in which the operation is performed, and it is our duty to see that too much tissue is not removed, so that the young man may have an entirely presentable appearance.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FEBRUARY 4, 1898.

THE meeting was called to order by the president, Dr. William Greene.

*Dr. George A. Fleming* reported "A Case of Gonorrheal Ophthalmia, with Sloughing of the Cornea—Recovery." This patient has been a case of special interest to me, and I thought it might prove so to some of you. He came to the Presbyterian Hospital about the middle of September, suffering with gonorrheal ophthalmia. He had had gonorrhea for about two weeks, and came to the hospital two days after the infection of the eye. The eye was swollen, edematous, and it was hard to make out anything of its condition. There was a profuse discharge. He was thoroughly cleansed and a 1 per cent. nitrate of silver solution was used daily, but with very little improvement. He was taken into the hospital, but at that time we were unable to make out anything of the pupillary area of the cornea. A grave prognosis was given, and though he was thoroughly scarified it was difficult to get down the chemosis. After three weeks of that treatment, however, we were able, by the use of a strabismus hook, to lift the lids from the cornea, and then we found a deep furrow extending almost three-fourths around the periphery of the cornea. This ulcer proved very hard to heal. A 1 per cent. nitrate of silver solution was used without any effect whatever, and finally I decided to try a 10 per cent. solution. I had never seen it used in that strength before. After that had been used for about five days the wound began to heal over, and he now has no furrow whatever and very little scar tissue about the border of the cornea. Much to my surprise, his vision is 15-15.

*Dr. A. D. McConachie:* I think Dr. Fleming has met with remarkable success in this case, for it is rather unusual to get such perfect results after having a sloughing cornea. It happened, though, that the superficial layers only were involved, otherwise the opacity would certainly have been very much more dense. I have recently had a case under my observation that was using 1 and 2 per cent. solutions with good effect, but he finally contracted chills and remained away for a week. With his mismanagement at home, his discharge, which had subsided, came on again, and on his return a week later he had developed an ulceration around the cornea about one millimeter from the periphery. It almost encircled the cornea and had gone through the superficial layer into the true stroma of the cornea. He was put upon silver solutions, ten grains to the ounce, at first, and finally forty grains to the ounce, by application. The ulceration subsided, the cornea has quite cleared, and I hope he will be able to see as well as this boy. However, if the true stroma is involved I do not think we can get these perfect results.

*Dr. William Royal Stokes* then spoke of "Formalhehyde Disinfection."

*Dr. H. O. Reik:* In connection with Dr. Stokes' paper I should like to exhibit an apparatus for sterilizing instruments with formaldehyde. This apparatus was prepared for me by E. B. Meyrowitz of New York, as a result of the experiments conducted by Dr. Watson and myself, which were published in detail in the *Johns Hopkins Hospital Bulletin*, December, 1897.

It consists of a copper chamber intended to be air-tight when the door is closed. In the lower left-hand corner is a space intended especially for the Schering lamp. The rest of the chamber is occupied by gauze shelves, or trays, of wide mesh wire, to allow free circulation of the gas. This small tray was made especially for holding the more delicate instruments which I use, such as cataract knife, etc. The apparatus may be made of any size to meet the requirements of the special individual, and he may devise for

himself according to his own needs any number or variety of these special trays.

I will not repeat, at present, a detailed report of our work, but will simply quote some of our conclusions.

We found that instruments previously infected with large quantities of the staphylococus, streptococcus or anthrax could be thoroughly sterilized by a ten minutes' exposure in this apparatus to the evaporation of five grains of paraform. Paraform is the polymerized formaldehyde and occurs as a light, white, solid substance, which can by means of heat be entirely converted into formaldehdye gas. Commercially, we find it in the form of pastiles weighing one gramme each, and I believe the Health Department is using it extensively now for the sterilization of houses and other places.

It may be asked, what effect this gas would have upon the instruments. As a result of very numerous experiments I cannot determine that it affects them in any way. It seems to be sure death to all micro-organisms, but neither tarnishes the instruments nor affects their cutting edge. In this respect it offers great advantages over sterilization by heat, and we feel absolutely certain that by this method we can destroy all pathogenic organisms in the shortest possible time, at the least expense and without injury to the objects of disinfection.

*Dr. Hermann:* I should like to say that I consider this report of Dr. Reik's of very great importance. Several years ago I published an article in the *Louisville Medical Monthly* calling attention to the fact that knives were ruined by subjection to boiling water. I suggested then the method of using cold or iced lime water; that is, after taking the instruments from boiling water, to place them in lime water. I learned this from some mechanics, who believed it would restore the proper temper to the steel, but it was not an ideal method, for it had a tendency to make the instruments slippery. I think the disinfection of knives by formaldehyde is a very important advance and I am very glad to hear of it.

*Dr. John C. Hemmeter* then read a paper on "Digestion and Diet" (see page 327).

*Dr. William B. Canfield:* I suppose the paper was not intended to cover the whole ground of the subject, for he did not mention the use of water. I am a great believer in the use of water myself, and often come across people who, I think, do not use enough of it. I saw a woman recently who had chronic rheumatism and who said she never took water, but used tea altogether. I should like to have Dr. Hemmeter's opinion of the use of water before, at and between meals.

*Dr. Merrick:* I should like to ask Dr. Hemmeter what sort of food was consumed at those meals where an individual feels so much the same effect as that of having taken alcoholic stimulants.

*Dr. Hermann:* I have a question for Dr. Hemmeter also. He refers to the capability of the cell in taking up less of the amount of food than it needs. Is it not a fact that the blood also takes up just the amount it needs, and is not the danger of introducing too much food just a chimerical one?

*Dr Hemmeter:* It would be impossible in the time allotted to the paper to discuss all the points. The question as to the use and effects of water is an extensive one, and I thought I had better not touch it than to do it imperfectly. It is well known that from 76 to 82 per cent. of the human body is composed of water. That thoroughly impresses upon us the great food value of water, but you must not get the idea that we introduce water into the system only by drinking it. Some foods contain large quantities of water; apples and pears, for instance, about 88 per cent., and we take in a great deal of water in our tea, coffee, milk, etc. And patients who drink no water as such may still perhaps get the normal amount. The whole subject of the use of water is a most important one.

Dr. Merrick's question cannot be answered by designating one or another of the foods. There are nervous patients who feel intense stimulation after a cup of bouillon; others have the same feeling after drinking tea. I imagine that the effect varies with the nervous susceptibility of the patient taking the food. Everybody would feel a stimulation if the end-

products of digestion were not modified.

The question concerning the supposed fact that the cell takes up just the amount of food it requires is, I think, based upon a fallacious idea. If the cell, or the blood, always took up just the amount of food it required and no more we should have no fattening. Take the process of fattening animals. You can get any degree of increase of bodily weight by stuffing them.

*Dr. L. Gibbons Smart* then introduced a series of resolutions stating that it was the sense of the society that the legislature should pass the bill now before it enabling the trustees of the Sheppard Asylum to accept the bequest of the late Enoch Pratt.

The resolutions were unanimously adopted and the secretary ordered to send a copy to each member of the Baltimore delegation in the State legislature.

The society then adjourned.

H. O. Reik, M. D., Secretary.

## Medical Progress.

## RECENT PROGRESS IN GYNECOLOGY AND OBSTETRICS.

*By George W. Dobbin, M.D.,*
Assistant in Obstetrics, Johns Hopkins University.

### THE MICROSCOPICAL EXAMINATION OF UTERINE SCRAPINGS.

Two interesting papers on the diagnosis of disease of the endometrium by the examinations of scrapings appeared in the last number of the *American Journal of Obstetrics.*

The first paper, by Dr. Joseph Wiener of New York, is the report of some work begun in Dresden under Professor Leopold and completed in New York. Dr. Wiener considers that the best results can be obtained by the paraffin method, which he considers more satisfactory and accurate than if the pieces of tissue be embedded in celloidin. However, when a rapid diagnosis is needed this latter method may be used, as it takes much less time. Only the examination of non-malignant tissues is considered in this paper, the author having reserved the malignant for a future part of the work.

After going very thoroughly into the normal histology of the endometrium, and insisting that an accurate understanding of it in all its various phases is essential before making any microscopical examination of this tissue, he considers the question of abortion, and says that the mere presence of the so-called "decidual cells" is not pathognomonic of gestation, as they are not infrequently found in other conditions of the endometrium. We are not, then, justified in making a diagnosis of pregnancy from uterine scrapings unless typical chorionic villi can be found.

Under endometritis we have the acute and chronic variety. Of the acute variety the author says but little, as in this condition curettement is contraindicated; hence the difficulty in obtaining specimens. The classification of chronic endometritis into endometritis glandularis, endometritis interstitialis and endometritis glandularis et interstitialis, as put forth by Ruge some years ago, the author does not consider a good one, preferring to treat the matter as follows: In the early stages of a chronic endometritis we have an hypertrophy of the glandular elements of the endometrium, accompanied by some dilatation of the blood-vessels and hemorrhage into the interstitial tissue; later in the process there is marked proliferation of the interglandular cells at the expense of the glands, so that the final picture we get is that of a tissue very rich in interglandular stroma, containing few or even no glands.

The second paper on this subject, by Dr. P. S. Keogh of Salt Lake City, is in some respects a more thorough treatise than the former one. Dr. Keogh advises that the pieces of tissue be embedded in celloidin after first having been hardened in alcohol, Zencker's or Müller's fluid. For rapid work he uses the method devised by Cullen about two years ago, in which frozen sections are put for a few minutes into a 10 per cent. solution of formalin and then stained by the ordinary double stain of hematoxylin and eosin.

After a consideration of the normal histology of the endometrium the following

points are brought out: Acute endometritis is characterized, as in acute inflammations in other parts, by the presence of an inflammatory exudate, and unless we can demonstrate the presence of one or more of the products of this exudate, as polymorphonuclear leucocytes, fibrin or serum, we are not justified in making a diagnosis of this condition. In chronic endometritis we have a proliferation of the uterine glands, accompanied or followed by atrophic changes. The liability for mistaking this glandular hypertrophy for the hypertrophy in malignant disease the author thinks can only be avoided by becoming perfectly familiar with the tissue by repeated examinations. Erosion of the cervix is not, as was formerly supposed, an ulceration, but simply a down growth of the columnar epithelium of the cervical canal beyond the os externum. Three points essential in the diagnosis of pregnancy from uterine scrapings are chorionic villi, decidual tissue and the deeper or ampullur layer of the pregnant or puerperal uterus. The important diagnostic criteria in benign adenoma and membranous dysmenorrhea are also mentioned.

In malignant adenoma or adeno-carcinoma the principal point in the diagnosis is the recognition of a lawless invasive growth of the gland epithelium. The most difficult thing here is to differentiate between the irregular atypical growth of the normal gland epithelium and the malignant proliferation which occurs in this affection, the most important difference being in noting the invasive growth into the muscle, which occurs in malignant adenoma. Epithelioma of the cervix is characterized by a down growth of the stratified epithelium of the portio vaginalis and the characteristic "cancroid pearls."

Sarcoma may occur in any of its forms, either round-celled, spindle-celled, giant-celled or mixed-celled sarcoma, and may be diagnosed by their similarity to sarcomata in other situations. Deciduoma malignum and adeno-myoma may also be recognized from scrapings.

Although tuberculosis of the endometrium has been considered for some time a rare affection, routine examinations have proven that this is not the case. Miliary and conglomerate tubercles can easily be recognized in curettings, and, as a rule, it is not particularly difficult to demonstrate the presence of tubercle bacilli.

ETIOLOGY OF RUPTURE OF THE UTERUS.

Poroschin, in the *Centralblatt für Gynäkologie* for February 19, 1898, mentions as the usual causes for uterine rupture the theory of Bandl depending on some mechanical obstruction to the birth of the child and the excessive thinning of the lower uterine segment; also certain predisposing causes, as disease, weakening the uterine wall, such as chronic interstitial metritis, fatty degeneration, syphilis and tuberculosis. In addition to these, he says that there is a certain class of cases in which, although the pelvis be normal, rupture occurs, and in these cases when the uterus muscle is examined microscopically no adequate change can be found to account for the rupture.

In such cases he points out the importance of a more thorough examination being made, particularly in relation to the condition of the elastic tissue elements of the uterine wall. He refers to the work done by Dawidoff, who, by special methods, has demonstrated a network of elastic fibers lying between the muscle bundles of the fundus and body of the uterus. These fibers can be demonstrated both in the puerperal and non-pregnant uterus, the difference being that in the puerperal uterus the fibers are thicker and present in greater number. The lower uterine segment and cervix are richer in elastic tissue than the fundus and uterine body.

In seven cases of ruptured uterus Dawidoff has demonstrated that these elastic fibers show marked change, being thicker, much shorter, of less distinct contour and having the appearance of fragments of what were originally fibers. Inasmuch as the seven cases of Dawidoff are insufficient for conclusive evidence, Poroschin reports the following case, occurring in Slaviansky's clinic in St. Petersburg:

A multipara, aged forty-five, always

had easy labors. Two days before admission patient had a severe fall on her back, and since then has had some pain, and has ceased to feel movements of the child. Examination shows that she has a normal pelvis, child in the second occipital presentation, heart sounds cannot be heard. During labor, just after a very strong contraction, she experienced a sharp pain in the abdomen and gave symptoms of internal hemorrhage. Although the delivery of a dead child was accomplished as rapidly as possible, she died two hours later, and at the autopsy a zigzag rupture of the posterior wall of the uterus was found.

Poroschin argues that the mechanism of the rupture of the uterus in this case was as follows: When the patient fell on her back, the uterus, by the weight of the fetus and placenta, and by virtue of the abdominal pressure, was forcibly brought in contact with the vertebral column; this violence probably partly tore the uterus wall and caused a bleeding behind the placenta, which in turn was followed by death of the fetus. When labor began the contractions of the uterine muscle served to increase this tear, making it complete and giving rise to the hemorrhage, which, a short time later, proved fatal to the patient.

Microscopical examination of the uterine muscle in this case failed to reveal any degeneration in the tissue elements either of a fatty, amyloid or hyaline nature to account for the rupture. However, in sections of the uterine wall prepared by the method of Dawidoff and Buchstab, Poroschin was able to demonstrate the changes in the elastic fibers occurring around the blood-vessels as described by Dawidoff.

### DRAINAGE AFTER ABDOMINAL OPERATIONS.

In the *Boston Medical and Surgical Journal* W. L. Burrage reports a series of cases occurring in St. Elizabeth's Hospital between the months of May and October, 1897, in which the postural method of drainage was used. The method employed is the postural method of intraperitoneal drainage, which was advocated by Clark about a year ago, and, briefly, is as follows:

The method of draining the peritoneum by posture is based upon the recent investigations by Muscatello concerning the histology of the diaphragmatic peritoneum and the methods of absorption. Muscatello found that beneath the peritoneal endothelium of the diaphragm and between the connective tissue fibers there are open spaces four to sixteen millimeters in diameter occurring in groups of fifty or sixty, which communicate with lymph vessels. A careful search for these spaces failed to reveal them in any other portion of the peritoneum. He also demonstrated that there is an intraperitoneal current which carries fluids and small particles toward the diaphragm.

Bearing this in mind, Clark advises that in abdominal cases which require drainage the peritoneal cavity be cleansed as thoroughly as possible by means of salt solution irrigation; this is then completely removed by sponges, and a quantity of fresh-salt solution (from 500 to 1000 cc.) is poured into the abdominal cavity and the wound closed. As soon as the patient is removed to her room the foot of the bed is elevated about eighteen inches, thus producing an artificial current from below upwards toward the spaces of Muscatello. This posture should be maintained for from twenty-four to thirty-six hours, after which the bed may be lowered.

From May 1 to October 1 Burrage observed twenty-seven cases which were drained by this method, all of which recovered. This series of cases includes all of the severe abdominal operations, all those in which there was an escape of pus into the peritoneal cavity and which by the old method would have been drained by the abdominal incision. In four of the cases in which the pus was examined bacteriologically steptococci were found to be present in two. A composite analysis of the temperatures of twenty-six of the cases shows that the average temperature was 100.4°, 100.1°, 99.4° and 99.2° for the first, second, third and fourth days respectively.

The author considers that the marked increase in the amount of urine which

takes place after leaving a quantity of salt solution in the peritoneum is a very important factor in the elimination of septic material. The patients, as a rule, experience no disagreeable sensations from the elevated position, and the relief of thirst, which follows the use of salt solution, is quite noticeable.

On the whole, the author is well pleased with the postural method of drainage, and considers its employment a distinct advance in abdominal surgery.

### A NEW METHOD OF DISINFECTING THE HANDS FOR OPERATIONS.

Menge, in the *Münchener Medicinische Wochenschrift* for January 25, 1898, says that as is generally understood sterilization of the hands for operation is impossible. Many methods have been devised, none of which, however, have stood rigid bacteriological tests. The use of operating gloves, made either of cotton cloth or india rubber, have the advantage of being rendered sterile by boiling, but have also many disadvantages, chief among which is the altered sense of touch to the fingers of the operator and the difficulty in accomplishing certain manœuvres, such as the tying of ligatures, etc.

He proposes the following method, which he thinks will combine the advantages of both the chemical and the glove method: The hands are first thoroughly washed in hot water and a potassium soap, a nail brush being vigorously used, and particular attention being paid to the finger nails and spaces around the nails. They are then immersed in an antiseptic solution of sufficient strength to kill bacteria in a short space of time. Either bichloride or alcohol may be used for this purpose. A bath of 70 per cent. alcohol is then used until the skin is thoroughly permeated and the hands wiped dry on a sterile towel. A solution of paraffin and xylol is then poured over the hands, which, when the xylol evaporates, forms a thin coating, to a great extent playing the part of the operating glove.

* * *

THE MULTIPLICATION OF DOCTORS.—The multiplication of medical schools throughout the United States, as well as the increase in the number of graduates, have become matters of grave interest to the profession.

There are now in the United States, according to the Texas Medical News, exclusive of auxiliary or post-graduate institutions, about 215 medical colleges, and this number is increasing every year in almost every State of the Union.

According to Polk's Medical and Surgical Register there were in the United States in 1895 106,000 practicing physicians, or about one to every 633 of the entire population, counting the latter at 70,000,000.

In Texas there were in 1895, according to the same authority, 4617 practicing physicians. It is safe to put the number at this date to at least 5000. Now, if we estimate the population of Texas at 3,000,000, we have one physician for every 600 of the population. These figures are approximately correct and are certainly calculated to awaken deep concern in the minds of all thoughtful members of the profession. But the consideration of the present proportion of physicians to population, although discouraging enough to the future graduates of medicine, is not the worst feature as to the outlook for the future.

There is no question but both medical colleges and physicians are increasing in a greater ratio than the increase of the entire population of the country. In view of present conditions, and the fact that Texas is now furnishing annually to the various medical colleges at least 500 students, is it not well to carefully consider these abnormal economic conditions prior to the adoption of a profession which is so manifestly overcrowded?

A glance at the above figures must convince every unbiased mind that a large proportion of the present army of graduates must seek other means than medicine for a livelihood. As a matter of fact this abandonment of the profession after graduation occurs in a large percentage of the annual output of the medical colleges. Such an outlook, it seems to us, should discourage the enterprising and ambitious members of the profession all over the country who are contemplating the establishment of new medical colleges, as well as the students from every

section of the country who are thoughtlessly adopting a profession of such grave responsibilities and with so little prospect of pecuniary success.

* * *

Surgical Hints.—The International Journal of Surgery, in giving some surgical hints to the general practitioner, says that when you advise a patient to wear a suspensory bandage, tell him to get the kind which has straps running from the posterior band of the bag itself, around the legs or buttocks. The suspensories which are attached to the belt in front alone, with an elastic in the back edge of the bag, are useless.

Gastrotomy is often followed by septic bronchitis or broncho-pneumonia, due probably to the aspiration of secretions which the esophageal narrowing prevents the patient from swallowing. The operation can be very well done under cocaine or eucaine and this danger thus avoided. It is only necessary to cocainize the skin, since work on the viscera which are involved is not apt to cause pain.

When a patient comes to you with enlarged lymph nodes of the neck, be sure to examine the throat most carefully. If the patient is a child, remember that a very common cause of lymph node inflammation is the presence of hypertrophied tonsils or of adenoid vegetations. In an individual of middle age, examine any hypertrophy critically, bearing in mind the possibility of neoplasm.

The anesthetic is very often as much or more to be feared than the operation. This is especially so in the case of old persons and those who suffer from chronic or acute lung, heart or kidney diseases. The greatest care should be taken that no more of the narcotic than is absolutely needed should be used. Oftener than is admitted, death from the anesthetic is due to lack of care or experience on the part of the anesthetist. When you are about to operate upon an individual who will probably take general narcosis badly, try local anesthesia. You will often be surprised at the apparently formidable operations which may be done with the aid of cocaine or eucaine.

Tubal Gestation.—Dührssen (British Medical Journal) has compiled a valuable monograph on this condition based upon operative experience and anatomical research. He feels sure that the most frequent cause of tubal gestation is gonorrhea through the catarrhal salpingitis which that disorder sets up. He also shows, from a specimen, that polypus of the tube may likewise cause the same phenomenon. He figures a tubal sac, on the uterine side of which lies a small polypus which obstructed the lumen, so as to prevent the fertilized ovum from passing into the uterus. The ostium is very patulous. A less familiar condition is held by Dührssen to be the cause of tubal pregnancy when evidence of inflammation or mechanical obstruction is absent. He finds that in seven of his cases the abnormal followed within a year a normal pregnancy. He carefully examined the tube in one of these cases and found the most definite evidence of atrophy of its walls. This puerperal atrophy damages the peristaltic action of the tube, and as the lumen is dilated the entry of spermatozoa is favored. The weakened tube then fails to propel a fertilized ovum into the uterus.

* * *

Fusion of the Kidneys.—Meschinet de Richemond (British Medical Journal) exhibited at a recent meeting of the Bordeaux Anatomical Society a specimen in which the kidneys were united, not by their upper ends into the rarely seen horseshoe kidney, but by their lower extremities into the more common crescentic form. The author believes the greater frequency of fusion of the lower renal extremities to be due to the oblique position in which these organs normally lie with their lower ends approximated. The specimen came from a negro, 24 years of age, and had given rise to no symptoms of inconvenience during life. The point of union was at the sacro-lumbar articulation, and was marked by great thinning out of the renal tissue.

* * *

Orchitis.—Obstinate cases of epididymitis and orchitis may be treated by the application of bromide or chloride ethyl, which speedily produces a cure and does not interfere with the patient's work.

MARYLAND
# Medical * Journal.
PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.
DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.
CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.
TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.
CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.
WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MARCH 12, 1898.

**Sex Determination.**

WHAT has interested the profession and more still the public of late is the announcement of Professor Schenck of Vienna that he has discovered the secret whereby he can influence the determination of sex in the offspring of men and animals at the time they are conceived. He declines to make public his method, but the general idea is outlined, and from letters received from Vienna of late the discoverer of this plan must be a very popular man at the present time.

Dr. Victor Neesen, in a letter to the *American Gynecological and Obstetrical Journal*, gives a very graphic picture of Professor Schenck's house and office and the number of applications, both in person and by mail, which he has found almost out of the question to respond to. When Dr. Neesen came in sight of Professor Schenck's apartments he saw the street in front of his house blocked with carriages of all descriptions and groups of well-dressed persons standing on the steps waiting to be admitted. By a little diplomacy Dr. Neesen succeeded in passing through the outer portal, and when once inside he saw the waiting and adjoining rooms crowded with persons eager to see the great man.

Dr. Schenck would give no particulars of his methods, but admitted that the diet of the mother during her pregnancy was the point on which hinged the determination of the sex of the offspring.

In addition to all the persons who applied for information and advice, the tables of Dr. Schenck were piled high with unopened letters from all parts of the world, not only from women, but from fond husbands and from scientists and physicians, and the letters of these last were to be opened first. In one letter the request was made that he send advice how to turn two girls, respectively three and five years old, into boys. Dr. Schenck will give no advice and accept no fee from anyone until his experiments are completed.

The possibilities of such a discovery when universally applied are indeed appalling. Almost all of these persons wished to have male children and avoid giving birth to girls, and poor, weak woman in her embryo state was never such a drug on the market as in the minds of these people.

At this time when the United States is preparing herself for a possible war it is dazzling to think of the forces which can be mustered in twenty-five or more years from now and Dr. Schenck's discovery peoples the world with boys. Like too many announcements coming from the other side of the water, this statement of Professor Schenck should not be too eagerly accepted until the profession has received more enlightenment. An earth peopled with only male beings will soon die out, and then no theory which is now known can take the place of woman.

It may be that in years to come the museums will contain specimens of the extinct dodo and the extinct woman.

* * *

**License to Practice.**

THE right to practice medicine in Maryland is now restricted to those who have a degree from a reputable medical school and those graduates since 1892 who have passed the State Board examination. The extreme dissatisfaction caused by the rejection of so many candidates at a recent State Board examination has been the motive for introducing a new bill in the legislature. The result of this bill, if passed, would be to make the restrictions very light, especially for graduates of Maryland schools. It is greatly to the credit of the profession that so many physicians are fighting this bill.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 5, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | .. | 47 |
| Phthisis Pulmonalis | .. | 27 |
| Measles | 51 | 2 |
| Whooping Cough | 22 | 5 |
| Pseudo-Membranous Croup and Diphtheria | 27 | 3 |
| Mumps | 1 | .. |
| Scarlet Fever | 18 | .. |
| Varioloid | .. | .. |
| Varicella | 1 | . |
| Typhoid Fever | 3 | 3 |

It is proposed to establish hospital stations in Alaska.

Cleveland physicians are trying to induce that city to establish a city bacteriological laboratory.

The bill to prohibit expectoration in street cars and on the floors of public buildings in Baltimore has become a law.

The City Council of Philadelphia has made a 50-year contract with a water company to supply that city with filtered water.

At the last meeting of the Moscow Therapeutic Society Drs. Senator and Ewald of Berlin were elected honorary members.

It is suggested to erect an additional building to the Woman's Hospital of Baltimore as a memorial to the late Dr. H. P. C. Wilson.

In Berlin physicians will have opportunity to attend free courses, in which they shall be instructed in laws relating to the profession and its practice.

A special dispatch from Rio de Janeiro says that Dr. Sanarelli has decided to keep secret the discovery of his method of curing yellow fever with his serum.

Dr. C. R. Scheller of Hagerstown has been appointed physician to Bellevue Asylum, of that city. Dr. Scheller is a graduate of Jefferson Medical College in 1883.

Another set of buildings at Springfield Hospital has been completed and are open, and patients have been transferred to that hospital from Bayview and Spring Grove.

As the records show, physicians in insane asylums are frequently in danger of attacks by violent patients, and occasionally a patient will seriously injure or kill a physician.

The Louisiana State Board of Health is composed now of Drs. Edmond Souchon, John J. Castellanos, L. F. Reynaud, Luther Sexton, H. S. Lewis, Messrs. S. O. Thomas, J. W. Castles, J. D. Hill and J. C. Denis.

It is stated on good authority that Dr. William S. Thayer of the Johns Hopkins Hospital will resign as resident physician of that hospital and settle in Baltimore as a consulting physician. Dr. Thayer will not sever his connection with the teaching body of the university.

Dr. Clinton Maynard, a prominent physician of Winchester, Va., died at his home last Monday, aged fifty-three. Dr. Maynard was a brother of Dr. S. S. Maynard of Frederick, and was graduated from the University of Maryland in 1870, but later practiced homeopathy.

The following officers were elected at the Atlantic City Medical Society: President, Dr. W. Blair Stewart, Atlantic City; vice-president, Dr. H. C. James, May's Landing; secretary and treasurer, Dr. Walter Reynolds, Atlantic City; reporter, Dr. W. E. Darnell, Atlantic City; permanent delegate to the New Jersey State Medical Society, Dr. Theophilus Boysen, Egg Harbor City.

The Congress of Internal Medicine will meet this year in Wiesbaden under the presidency of Dr. Schmidt, the well-known laryngologist of Frankfort. The principal subjects of discussion will be: "Clinical Education," by Professor von Ziemssen of Munich and Professor von Jaksch of Prague; "Intestinal Auto-infection and Intestinal Antiseptics," by Professor Müller of Marburg and Professor Brieger of Berlin; "Treatment of Diabetes," by Professor Leo of Bonn; "The Bacillus of Syphilis," by Dr. van Niessen of Wiesbaden; "Artificial Dilatation of the Stomach," by Dr. Weinhand of Wiesbaden; "Chronic Muscular Affections of the Heart," by Dr. Schott of Nauheim. Medical men desiring to become members or to take part in the proceedings should apply to Dr. Pfeiffer, permanent secretary to the congress, at Wiesbaden. The congress will open on April 13.

## Washington Notes.

Dr. Armistead Peter has recovered from a long and serious illness and is again resuming his practice.

Drs. King, Shute, Carr and De Schweinitz discussed hospitals and their necessity for advanced medical education.

Drs. Smart, W. W. Johnston and others continued the report of the Public Health Committee at the last meeting of the Medical Society.

A Senate amendment to the District appropriation bill provides an investigation into the character of water supply and means of filtering Potomac water.

The Senate committee struck out of the House bill the general appropriation for charities of the District of Columbia and substituted a list of specified appropriations for various institutions.

Plans for a new hospital to be connected with the medical department of the Columbian University were discussed at an enthusiastic and largely attended meeting called by the "Columbian Women."

By direction of the Secretary of War a board of medical officers is constituted to meet at the Army Medical Museum Building Monday, May 2, for the examination of candidates for admission to the Medical Corps of the army.

The District bill as amended provides for the appointment of a charity board of five members, charged with the duty of visiting and inspecting and maintaining a general supervision over all institutions that are supported in whole or in part by appropriations of Congress.

The Pure Food Congress convened in the lecture hall of Columbian University Wednesday, March 2, at 12.30 o'clock. Mr. Frank Hume of this city called the meeting to order, with Mr. Alexander Wedderburn as secretary. After a prayer by Rev. Dr. B. L. Whitman, president of Columbian University, Mr. Hume made a brief address, stating that the work is of great importance and that the bill to be considered, H. R. 5441, known as Brosius bill, is a great improvement on its predecessors; that from the days of the Forty-eighth Congress each succeeding Congress has had before it for consideration a bill of this character. Mr. Hume closed his remarks by saying that this law will not only be a benefit to food consumers in our own country, but will inspire confidence in our food exports to foreign countries. The call was then read by Mr. Matthew Trimble, after which Mr. Ross, president of the Board of District Commissioners, welcomed the delegates in an appropriate speech. Mr. Hume then introduced Mr. J. H. Bringham, who had been unanimously chosen temporary president. The regular programme was then proceeded with. Representative Brosius, author of the bill pending in Congress, referred to the evil, and said that only by federal legislation can a check be put to commercial dishonesty. Mr. Aaron Jones of Indiana made a short address, after which the selection of the committee was proceeded with. On the second day committees were announced, officers elected and addresses made by Prof. H. W. Wiley on "Food Adulteration" and Prof. Bigelow on "Legislation in Regard to Food Adulteration." On the third day amendments were made to the Brosius bill, and members paid their respects to President McKinley. On the fourth day the reports of committees were made, and the congress adjourned to meet in Omaha.

## Book Reviews.

A Manual of Obstetrics. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. New (seventh) edition. In one 12mo volume of 573 pages, with 223 illustrations. Cloth, $2.50. Lea Brothers & Co., publishers, Philadelphia and New York. 1898.

Any text-book of obstetrics which can be successfully carried through six editions must be one which is of great value to those interested in this subject, and in the present volume under consideration we find one which, by its clear, concise style, careful classification of subjects and comprehensive if not proper illustrations, has certainly made for itself a prominent place among the shorter text-books of the subject.

The book is so well known to students and practitioners of obstetrics that only a few of the newer points and changes in the present edition need be brought up in this review.

In the first place, as to classification, the author has not adopted the broader classification into physiological and pathological phe-

nomena as is at present used by most writers, but has divided his book into a number of chapters in which all aspects of the subject are fully discussed. The section on mechanism of labor is probably the best portion of the work. It may be said by some that this subject is put on too schematic a basis, but for the student to whom these problems are always a stumbling-block we think it better that the various movements, etc., executed by the fetus in passing through the birth canal should be explained in the clear mathematical manner which characterizes this section of the work.

The chapters on Pelvic Deformity, Pathology of Pregnancy and Obstetric Jurisprudence are also exceedingly well written.

In the section on Obstetric Antisepsis, although the author says in his preface that it has received special attention, we are somewhat disappointed. In the first place, he advises the routine administration of an antepartum douche of creoline; this we cannot recommend, and we may go so far as to say that in the light of recent careful work on the bacteriology of the vagina that, as a routine procedure, it is positively contraindicated. Again, the author advises that instruments, dressings, etc., be sterilized by immersing them in solutions of carbolic acid and bichloride of mercury. Why not use heat, either by boiling or the common steam sterilizers?

The chapter on puerperal septicemia has been rewritten, and although we think that in the main it is an excellent treatise of the subject from the classical side of the question, yet it seems that more might have been said concerning the bacteriological origin of the disease and its different varieties as produced by different micro-organisms.

Where the student desires to get up the outlines of the subject from a small volume, and where the general practitioner wants a book for quick, easy reference to clear up obscure points in the treatment of his cases, the volume will be of great value. However, we do not think that it can take the place of the larger works on obstetrics now published.

## REPRINTS, ETC., RECEIVED.

Atropine Rhinitis. By Lewis S. Somers, M. D. Reprint from the *Laryngoscope.*

A Distinguished Physician-Pharmacist; His Great Discovery, Ether-Anesthesis. By Joseph Jacobs, M. D.

## Current Editorial Comment.

### SCHOOL INSPECTION.

*Atlantic Medical Weekly.*

With all this attention to the school children, with the teachers imbued with the results of lessons on child study, when pencils and penholders are sterilized, the swapping of chewing-gum and loan of apple cores so strongly denounced, and the entrance of the dreaded germ so guarded against, we should remember that all sickness is not caused in this way, and that teachers should have a little of that article known as common sense as well as an ability to test the sight and recognize deafness, an astuteness which notices a red flannel bandage on a throat as an urgent case of diphtheria.

### PUBLIC HEALTH.

*Medical Standard.*

It might as well be understood now, as it must be later, that Congress will not establish a department of the government the chief and almost sole duty of which shall be to exercise a passive influence in the enforcement of quarantine laws. The movement cannot be said to have gained anything in prestige by discussion in this convention, nor may it be expected to gain appreciably until the country is appealed to in behalf of a measure fully representative of the spirit of the time and of such comprehensiveness of scope as will show its claim to the dignity of a department. To have a department with duties befitting a bureau is a proposition that will invite little support.

### MEAT AND FRUIT.

*Medical Record.*

The majority of people eat more meat than they require. Meat eaten once a day is sufficient for a person not engaged in manual labor or who does not take much strong outdoor exercise. A large number of complaints contracted owe their origin to the consumption of food which entails a greater drain on the gastric juices than the system is able to withstand. The cures attributed to the grape occur for the most part with those who are accustomed to high living, and are really owing to the fact that the organs of digestion are given a much-needed rest. Semi-starvation would answer the purpose almost as well. For the person whose work lies chiefly indoors a mixed and varied diet is most conducive to good health.

## Medical Meetings.

| APRIL | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | .. | .. | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| .. | .. | .. | .. | .. | .. | .. |

| MAY | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | .. | .. | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

## National Associations.

### April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

### May.

ASSOCIATION OF AMERICAN PHYSICIANS. Washington, D. C., May 10, 11 and 12, 1898. F. C. SHATTUCKS, M. D., President, Boston, Mass. HENRY HUN, M. D., Secretary, Albany, N. Y.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN NEUROLOGICAL ASSOCIATION. New York, May 26, 27 and 28, 1898. M. ALLEN STARR, M. D., President, New York City. F. X. DERCUM, M. D., Secretary, Philadelphia.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May —, 1898. THOS. R. FRENCH, M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President. Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

## State Societies.

### April.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

### May.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Lancaster, May 17, 18 and 19, 1898. W. MURRAY WEIDMAN, M. D., President, Reading, Pa. C. L. STEPHENS, M. D., Secretary, Athens, Pa.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

## Local Societies.

### BALTIMORE.

BALTIMORE MEDICAL AND SURGICAL ASSOCIATION. Meets on the 2d and 4th Fridays of each month, at 8.30 P. M., in the Hall of the Medical and Chirurgical Faculty, 847 N. Eutaw St. JOHN I. PENNINGTON, M. D., President. EUGENE LEE CRUTCHFIELD, M. D., Secretary.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets at call of President.

CLINICAL SOCIETY OF BALTIMORE MEDICAL COLLEGE. Meets at College 1st and 3d Tuesdays. J. M. H. ROWLAND, M. D., President; C. H. DIXON, M. D., Secretary.

BALTIMORE NEUROLOGICAL ASSOCIATION. Meets 3d Wednesday each month. SAMUEL J. FORT, M. D., Secretary.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. WM. GREEN, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL JOURNAL CLUB. Every 2d and 4th Saturday of each month, 8.30 P. M. 847 N. Eutaw Street.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. 2d Mondays of each month, 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P. M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. EUGENE F. CORDELL, M. D., President, E. E. GIBBONS, M. D., Secretary.

### WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. ARTHUR SNYDER, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. T. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 1st Thursday each month at members' offices. LLEWELLYN ELIOT, M. D., President. ELMER SOTHORON, M. D., Secretary.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. G. WYTHE COOK, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. T. C. SMITH, M. D., Corresponding Secretary.

OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY OF WASHINGTON. Meets monthly at members' offices. President, S. O. RICHEY, M. D.; Secretary, W. K. BUTLER, M. D.

THE THERAPEUTIC SOCIETY OF THE DISTRICT OF COLUMBIA. Meets on 2d Saturday of each month at the National Medical College. L. KOLIPINSKI, M. D., President. GEORGE C. OBER, M. D., Corresponding Secretary. J. THOMAS KELLY, M. D., Recording Secretary.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. EMILY L. SHERWOOD, President. DR. D. S. LAMB, 1st Vice-President. MISS NETTIE L. WHITE, 2nd Vice-President. MRS. MARY F. CASE, Secretary. MISS MINNIE E. HEIBERGER, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Mondays in each month. NOBLE P. BARNES, M. D., President. GEORGE C. CLARK, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 23. BALTIMORE, MARCH 19, 1898. Whole No. 886

## Original Articles.

# THE DEBATABLE GROUND IN APHASIA.

*By Stewart Paton, M.D.,*
Baltimore.

REMARKS MADE BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 7, 1898.

One almost feels that an apology is essential for presenting this theme for your consideration were it not for the fact that our knowledge of aphasia is in many respects in the transitional stage.

The study of aphasia has been greatly retarded by attempts at too definite classification. This has often been the cause of unfortunate endeavors to correlate clinical observations with what are only supposed structural and functional conditions. The most recent exhaustive contribution to the subject of aphasia has been made by Bastian last spring in the Lumleian lectures delivered before the Royal College of Physicians. We will not take up your time by referring in detail to the various areas connected with the production of articulate speech in the cerebral cortex. The motor center, the auditory center and the sight center you know.

At the very outset we meet with difficulties in the consideration of the subject. It is the opinion of Bastian that all words are recalled primarily through the auditory center. He says there is no clinical proof that words are recalled primarily in the motor center, and he believes that when we think of a word we think first of its sound, but adds, as Charcot had already suggested, that there are a certain class of people who are visuals—that is, they do not recall words through the auditory, but through their visual center. Charcot divided his cases in reference to the interpretation of speech defects into (1) auditives, (2) visuals, (3) motors, (4) indifferents. It is well to keep this in mind, for it is essential for the clinical interpretation of many cases of aphasia.

We find very divergent views held regarding the exact nature of the "motor center." It is held by some that this center is not a true motor center, but is, as Bastian suggests, a "sensory center of a kinesthetic type." The visual center is in the cuneus. Some think that only the cells along the calcarine fissure are connected with the visual act, while others assert that the cuneus as a whole is intimately connected with sight. Many clinicians and physiologists believe that there are two sight centers, one for the optical image, represented in the cells which are in close proximity to the calcarine fissure, and the second connected with visual memories only in another part of the cuneus. This view has lately been severely criticised, and for the present we must consider the sight center as functionally a unit.

In discussing cases of aphasia we are naturally interested in the various degrees of memory. There are some who think that memory is localized in the different centers, while there are others who question this. The probability is that the association systems, short and long, have a great deal to do with the act of memory. Just how they are connected and how they influence the centers one cannot say with any certitude.

The ordinary type of motor aphasia has been called Broca's aphasia. Motor

speech is not only defective, but other difficulties as well exist, so it is not a pure motor aphasia. The subcortical aphasia of Wernicke is characterized by the affection of motor speech without any other complications, but it is very uncommon. In the Broca type the patient has difficulty in writing and in "word-understanding," as well as in speech.

Another point that Bastian takes up is the question whether there is a separate center for concepts; whether conception takes place in a different center from that of perception. The subject is unsettled, although both schools seem to be equally dogmatic in their assertions. Bastian holds that there is no separate center for concepts, and that our conceptions are formed in the centers for perception, but if you read his lecture closely you will see that though he makes a definite statement to the effect that he cannot find any clinical data tending to prove the existence of a separate center, he still admits that the perceptive areas in some way or another are connected with the conceptive areas, or rather, that the latter are outgrowths from the former.

In looking over the cases of motor aphasias we find a great deal of variance in the clinical symptoms. These discrepancies may be explained in many cases by remembering that if the motor center is destroyed by a lesion the lesion is not, as a rule, superficial, but extends into the brain, and therefore involves a great many fibers. Very many cases reported have been classed clinically as cases of superficial lesions in the motor area, but as no careful pathological examinations have been made the reports of the cases are comparatively worthless.

There is a great deal of debate as to the symptoms of lesions in the auditory center in the superior temporal convolution. If the auditory center is isolated by a lesion, the patient is word-deaf—that is, he hears the sound of the word spoken, but cannot associate that sound with other auditory images; he cannot place the word, and has no idea of its meaning. It is insisted upon by some that the hearing in these cases has not yet been carefully studied. The hearing is undoubtedly diminished, but is not absent.

A few years ago there was a case reported which has been quoted a great deal. A patient at a concert suddenly became aware of the fact that he could no longer distinguish musical sounds. He walked home, and on the way was able to talk, but there was a slight paraphasia. The next morning the patient was perfectly well except that during the rest of his life he was tone-deaf. He heard everything said to him and appreciated everything that came in the form of words, and his speech was not affected. He had been an excellent musician before, but from that time he could not recognize any musical sounds. He died, and on examination of the brain a lesion was found in the superior temporal convolution.

It is important to note, then, whether a patient has tone-deafness, as well as word-deafness, or whether one exists without the other. With a lesion in the auditory center not productive of pure word-deafness the patient is often unable to read, and voluntary speech is affected. The most probable explanation of these symptoms is that the auditory center, in the majority of people, is the most important center, and a patient who is word-deaf has his association tracts so disturbed that both voluntary speech and writing are affected. The patient can only recall a word through his visual center, which is a roundabout way for the majority of people. Of course, in a visual—that is, one whose words are recalled by sight alone—he is not so much affected by this lesion.

Flechsig was the first to call attention to the fact that lesions in the angular gyrus were in no sense productive of alexia. It was thought that there was a center in the angular gyrus intimately connected with reading. Flechsig denied that, and it has since been admitted by others that the angular gyrus has neither fibers from nor to the cortex, and a lesion here therefore affects neither afferent nor efferent fibers unless deep enough to affect the optic radiation, when difficulty in reading will result.

There are two classes of cases of alexia, one where simply the perception

is affected, associated with hemianopsia, and a second class a condition where the patient sees the word, but cannot associate what he sees with former visual images. These views are based upon observations of twelve cases of pure alexia, with a lesion of the angular gyrus, but it is important to bear this in mind, that it is not a lesion of the angular gyrus alone that produces alexia. It must be deep enough to take in the optic radiation.

It is impossible as yet to classify the cases, because there is so much yet to be learned in regard to the anatomy and physiology of the brain. The transcortical aphasias of a few years ago are now placed among the mixed aphasias. Another class of cases are the "induction aphasias." In that class the patient starts off well enough with voluntary speech, but after saying a few words becomes confused and cannot continue. No case of this class as yet has come to autopsy.

The question as to whether there is a separate center for writing is still *sub judice*. Bastian says there is a separate "writing center" altogether apart from the motor speech center, and he locates it in the second frontal convolution. He has collected cases which he thinks demonstrate the truth of this assertion; but Monokoff, on the other hand, opposes this idea and gives very good reasons for not believing that there is a separate "writing center."

## THE ADVANTAGES OF AN EARLY DIAGNOSIS AND OPERATION IN APPENDICITIS.

*By J. M. T. Finney, M.D.,*
Associate Professor of Surgery, Johns Hopkins University.

ABSTRACT OF REMARKS MADE BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 7, 1898.

After a few remarks upon the history of the development of our knowledge of this disease, in which especial reference was made to the work of Mélier, Grisolle, Rokitansky, Voltz, Lewis, Willard Parker, Witte, Fitz, Sands and others, Dr. Finney discussed the anatomy of the appendix, and made the following points: That it is a rudimentary organ, imperfectly developed; very rich in lymphoid tissue; its blood supply defective and poor; its length very variable, from a mere tubercle to nine inches; its diameter equally variable, from a line to half an inch or more; its position inconstant, depending largely upon the length of the appendix or mesentery. These conditions are all predisposing to stagnation of the contents in the organ, the production of inflammation and the formation of fecal concretions, kinks, twists, adhesions, etc.

Dr. Finney next considered the causes of appendicitis: (a) Predisposing: position and structure, digestive disturbances, age, sex, etc. (b) Exciting: concretions, foreign bodies, bacteria, mechanical obstruction, etc.

Dr. Finney then advanced the following propositions, which he proceeded to discuss in the the order named:

1. Appendicitis is essentially a surgical affection.

2. The only rational scientific treatment of the disease is by surgical operation.

3. The time to operate is just as soon as the diagnosis is made.

4. The diagnosis, usually easy, is determined by certain characteristic phenomena.

5. In cases of doubtful diagnosis, with the symptoms urgent or threatening, operate at once for a diagnosis.

In discussing the first proposition Dr. Finney described the pathological conditions found in appendicitis at autopsy or operation, and traced the inflammatory process through its successive stages, from the mildest catarrhal thickening to the most rapidly fatal infectious form. He then took up and discussed briefly some of the more important etiological factors concerned in the production of the disease, particularly the relative frequence and significance of previous attacks. He did not deny that many cases of appendicitis recovered. A summary of the statistics furnished by many different authors shows that about 80 per cent. of cases treated medically, or not treated, will recover. But he did deny the efficacy of any medical treatment, and ex-

pressed the belief that probably an equally good showing would be made if the cases had been treated expectantly.

He furthermore showed, from the statistics of Wood and other authors, that of the 80 per cent. that recover from one attack, at least 30 per cent. (some authors give a much higher percentage) have a subsequent attack, which may be fatal. In about 50 per cent. of all cases fecal concretions are present, foreign bodies, such as seeds, etc., but very seldom. Bacteria are always present; the colon bacillus, staphylococcus aureus, and streptococcus pyogenes are the most constantly found. The importance of kinks, twists, strictures and mechanical obstruction is due largely to the stagnation of the contents, and retention of secretions in the appendix, and the increased virulence of the organism produced thereby, with its attendant effect, local and general, upon the individual.

From these considerations Dr. Finney believed the surgical nature of the disease and the utter futility of any form of medical treatment save the expectant, to be clearly established.

Dr. Finney's reasons for advocating immediate operation in all cases were, viz., that no one can tell at the beginning of a case what its termination will be, as some cases that begin with very mild symptoms may perforate early and be followed by rapidly fatal peritonitis, while others beginning with very grave symptoms may resolve early. The absolute uncertainty of the outcome and the treacherous nature of the disease are strong arguments in favor of early operation. Although, as said before, 80 per cent. of cases recover without operation, a large percentage of these have subsequent recurrences.

If the operation is performed early enough, i. e., before perforation occurs, one has a healthy peritoneal cavity to deal with and a clean wound, and the mortality from such an operation is practically nothing, estimated by Bull and others as less than 5 per cent. Dr. Finney had not lost a case operated upon before perforation. No drainage is needed in these cases, and therefore no unnecessary pain is inflicted by packing and repacking the wound, and the danger of subsequent hernia through the operative wound is entirely obviated.

If the patient is operated upon before abscess or pus formation has taken place, the opportunity for septic absorption and all its attendant evils is done away with. For every reason, then, it seemed clear to Dr. Finney that the best time to operate was at once.

To this rule he would make a possible exception in the case of a patient seen for the first time at the end of an attack. If a first attack, and the patient were intelligent enough to appreciate the gravity of the situation, he would be inclined to give him the benefit of the doubt and wait for a subsequent attack; if a second attack, however, he would advise removal of the appendix just as soon as the acute symptoms have subsided.

As to the diagnosis of the disease, Dr. Finney thought that in the majority of cases it was very easy. The symptoms upon which he placed most reliance were sudden severe pain in the abdomen, becoming later more marked in the right ilias fossa, tenderness and muscle spasm over this region, elevation of temperature and acceleration of pulse. There are many cases, however, in which the symptoms are not marked, or where they are marked by other conditions, and where the differential diagnosis between this and some other acute abdominal disease is uncertain or impossible. In all such cases, where the symptoms are at all progressive or urgent, Dr. Finney would advise immediate laparotomy for a diagnosis and the relief of the trouble.

He enumerated some of the conditions he had met with in his own experience, and with which he had confounded this disease, e. g., perforating typhoid ulcer, pyonephrosis in a floating right kidney, intestinal obstruction, extra-uterine pregnancy, empyema of the gall bladder, pyosalpinx, etc., every one of which (others might be mentioned) demanded operation just as urgently as appendicitis. He therefore felt justified, under these conditions, in advising the operation in order to establish a diagnosis.

Dr. Finney summed up his position as follows: You have a case of appendici-

tis, or suspected appendicitis; you can tell your patient this: "You have eighty chances in a hundred of getting well without operation and twenty chances of dying. If you get well you have about even chances of having another attack within a few years, and this one may carry you off, or you may recover and have still other attacks. Or if you are operated upon at once you have at least ninety-five chances of getting well, with no fear of a subsequent relapse, and five chances of dying."

Dr. Finney felt justified in advising all his patients to pursue the latter course, i. e., early operation as soon as the diagnosis was made, or in doubtful cases, in order to establish it.

## PAPILLOMA OF THE EPIGLOTTIS.

*By Wm. T. Watson, M.D.,*
Baltimore.

In October last Miss P., aged sixteen, came to my office saying that a fish bone had lodged in her throat. She located it in the neighborhood of the larynx.

Upon using the laryngeal mirror I saw a very unusual picture, and it took me some moments to get my bearings. The opening of the larynx was entirely obscured by a large warty-looking mass, which projected from the posterior surface of the epiglottis. No fish bone was apparent, and it could not be felt in the mass with the finger.

The girl felt no particular discomfort from the presence of the large tumor. In swallowing a large mouthful of food she would have to make a little unusual muscular effort. Liquids never went the wrong way, so the mass must have acted as a complete substitute for the epiglottis in closing the larynx during the act of swallowing. Her voice was not so much altered as I have frequently seen in cases of enlarged tonsils. During sleep her respiration was noisy, and occasionally she would wake up with "choking spells," which speedily subsided. The presence of the tumor gave the girl so little discomfort that her parents did not care to have anything done for it.

On Christmas eve the girl coughed up a piece of the tumor the size of a hazel nut. On New Year's eve she coughed up another piece about twice as large, which I show here. It is a pediculated tumor, looking, in its preserved condition, exactly like a piece of cauliflower. From the first portion Dr. Behle has prepared a beautiful section, which is exhibited under the microscope. It is a papilloma, made up almost entirely of squamous epithelium, but in one portion some columnar ciliated epithelium is to be seen. This mixture of columnar ciliated epithelium with squamous epithelium is explained by the fact that the pedicle of the tumor is located just at the normal junction of the squamous and ciliated epithelium at the middle of the underside of the epiglottis.

When a child of three years of age the patient had a similar growth projecting from the middle of the hard palate. This would increase and diminish in size, sometimes the size of a hazel nut, sometimes the size of a pea. About five years ago, when the girl was eleven years of age, I saw this growth on the palate, which was then almost the size of the specimen shown this evening. It gave her no trouble. A little later a physician touched its pedicle with caustic, and it dropped off and never has recurred.

For the past two and one-half years she has at times coughed up what her parents described as pieces of flesh about the size and appearance of half-ripe blackberries. These were probably portions broken off from the tumor presented tonight.

At the present time she has a growth about the area of a split pea projecting about one-fourth of an inch from the middle of the posterior surface of the epiglottis.

Papillomata of the larynx are not very rare; they constitute more than 50 per cent. of the neoplasms of the larynx; but the size of this growth, its location upon the epiglottis and the few symptoms to which it gave rise are all somewhat unusual.

While these tumors are perfectly benign, and in some locations give rise to little trouble, yet when they occur in the

larynx or in the windpipe, as they occasionally do in children, they may give rise to a serious condition.

It was my privilege last summer to see Dr. McCosh operate at the Presbyterian Hospital, New York, upon a child for papillomata of the larynx and trachea. The child had previously been tracheotomized. The larynx was cut open from below and the trachea opened as far as practicable, and growths removed throughout the extent of the incision. Then other growths were cauterized down in the trachea considerably below the external incision. The child left the table alive, but the further history of the case I do not know.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD JANUARY 7, 1898.

THE meeting was called to order by the president, Dr. Greene. The minutes of the last meeting were read and approved. Dr. Purviance was elected to membership.

*Dr. Stewart Paton* made some remarks on "The Debatable Ground in Aphasia." (See page 399.)

*Dr. Herman:* I would like to ask Dr. Paton whether the speech center of Broca is not still situated on the left side in right-handed people and on the right side of the third parietal convolution in left-handed people? I ask this question because of a case of hemiplegia with affection of the speech which was reported to me; I did not see the case. I stated that the lesion was very likely on the left side, but was told that I was wrong, and on asking if the patient was left-handed received an affirmative answer. It was a confirmation of the idea as we were taught it.

*Dr. Miles:* I must relate a case I think of interest. Two days ago a patient came to me with the remains of a left hemiplegia. His doctor sent word that he had been aphasic. Although his right hand was not affected, he could not write. He likewise could not read, nor understand what I read, and those symptoms seemed to confirm that he was aphasic. I asked if he was left-handed, and he said most positively no. I then inquired if he had any relatives that were left-handed, and found that he had a daughter who was left-handed.

*Dr. Preston:* I would like to exhibit a brain from a case that came to me some years ago. It shows very well, I think, the type of motor aphasia in which the lesion would lead one to expect a pure motor aphasia. This man was in my care eight years ago, and had a complete motor aphasia, with partial sensory aphasia; that is to say, he was entirely unable to speak, to write and to read. His understanding is good, but he could not respond, write nor read. He died about one year after I saw him, and the autopsy showed a cyst just involving the base of the third frontal convolution. I regret that I yielded to the temptation of preserving a specimen to show, and did not have the lesion properly studied.

I should like to refer briefly to one other case that is just now under my care, and which, I think, is a case of pure word blindness. With right hemiplegia and hemianopsia, he has no difficulty in speech except in so far as it is occasioned by paralysis of the throat muscles. Understanding everything said to him, he can write from dictation very well, but cannot read. I wrote some simple word and he was unable to read it, but turning the paper and asking him to write for me he would write it after some hesitation. After he had written the word he was able to read it, and occasionally a long word that was distinctive from its sound, I remember the word teakettle, he got through his visual center, such words he could read. He first noticed himself that he could pick out the letters and spell the words in a newspaper, but could not understand them, for they had no meaning to him.

*Dr. Paton:* Dr. Herman is right about right-handed people having the speech center on the left side. In connection with that it is very interesting to remember the suggestion of Bastian that where the left speech center is affected the right speech center may, in the course of time, take its place to some extent.

Anatomical work on these centers has shed much light upon the subject, and from comparative anatomy one gets some data on these points, for it is only in the higher animals that speech is developed, and the probability is that the two speech centers are connected by commissural fibers across the corpus callosum. Just why it is localized on the left side is not well known. One of the reasons given is the difference in specific gravity of the two sides. The two centers have not yet been carefully compared anatomically, and that will prove an interesting piece of work.

*Dr. J. M. T. Finney* then spoke of "The Advantages of Early Diagnosis and Operation in Cases of Appendicitis." (See page 401.)

*Dr. Tiffany:* I noted down the points that Dr. Finney mentioned, and the first one, that is a surgical affection, is I think presented in Dr. Finney's paper entirely from a surgical aspect. As a surgeon he attends the cases that are brought to him, and I fear his view is one-sided. It was my misfortune to be a general practitioner at first, and I am very strongly of the opinion that that which we call appendicitis is a lesion of the appendix in some disease not yet known, quite as much as Peyer's patches are a lesion of typhoid fever. I think it is a pathological condition in the course of some unknown disease. The lesions have been very well described by Dr. Finney, and I think his picture, as given, is the history of something of which at present we are ignorant. I believe it is not a disease, but a lesion in the course of some disease. What it is, of course, I do not know, but I do not think it is a pure and simple inflammation of the appendix. Every appendix that comes to operation with sudden perforation will present always an ulceration of the mucous membrane larger than the perforation. It may be an ulceration extremely large, but it is always larger than the perforation through the serious membrane, and shows that the disease has existed for a certain time. To me this is the same as the perforation in typhoid fever. It has been mentioned that 80 per cent. recover without operation. That is not far from the mortality in typhoid fever. Incidentally I may say that no man can operate early in the disease, because I believe it has been going on for a long time before we are ever aware of it. I think, then, it is not a surgical affection, but is a surgical accident, just as is perforation in typhoid fever, and it requires a surgeon to treat it. I do not think it has ever been my fortune to operate upon a case of appendicitis without eliciting the history of previous trouble in that portion of the body at some time. Within a week I have operated upon an individual that had pain over the left side of the body, and I found a sclerosed appendix that must have been affected for a long time. The second proposition, then, is disposed of in what I have said already.

Now for the time of operation. We none of us see it in its commencement, any more than a surgeon sees typhoid fever at its commencement. It is only the medical man who sees the lesion in its infancy, and it is time enough to call the surgeon when there are symptoms that demand his attention. The disease is not recognizable, but the lesion is, and without trouble. There are two periods when an operation for appendicitis is without mortality, before the appendix bursts and in the state of quiescence. In those periods the mortality is very, very small. A clean operation in a clean peritoneum is all right, and after an attack has passed over and the bowel is in a state of quiescence, an operation is to be done without mortality. When there is reason to think that the appendix has given way, well, I suspect the best time for operation then is at once. I see no reason to doubt that. When it is about to perforate, or has perforated, then possibly it is wise to operate at once. In the majority of cases the belly will be found shut off; in others the belly will be filled with pea soup fluid, and if that is up about the spleen the patient is going to die; if it is limited to the lower portion the patient does well. As to an operation for diagnosis, I suspect what I have said covers that. I think it is just as wise to open the belly to make a diag-

nosis of typhoid as to make a diagnosis of appendicitis.

*Dr. Randolph Winslow:* I have been very much interested in the remarks of Dr. Finney and Dr. Tiffany. My acquaintance with appendicitis began in 1872, when I was a student. My father was taken with pain in the abdomen, and sent for a very able physician, who very promptly said he had perityphlitis. He took blue mass, and in the course of time got well. I saw cases of this kind for a number of years, and they mostly got well. Then we began to call these cases appendicitis, and we operated when an abscess had formed, and some of them got well. Then we began to operate earlier and earlier, and I have watched the course of this trouble up to the present time.

I am not of the opinion that Dr. Tiffany entertains that appendicitis is a manifestation of some other disease. If it was, the removal of the appendix would not end the disease. I have observed these conditions for over twenty-five years, and I have passed through various stages of opinion. I trusted at first to nothing, to medical treatment, I did not know any better. Then I began to believe in operating upon abscess cases and letting others alone, but I have gradually come to the conclusion that an appendicitis is a condition of the utmost gravity, and that the sooner it is removed the better for the individual. That is the line of advice and action I am now pursuing.

As Dr. Tiffany has remarked, he followed the practice of medicine for some years. I am unfortunately obliged to follow the practice of medicine at the present time, and so I see cases both as a practitioner and as a consulting surgeon. I confess that it does alter our view somewhat. Where we see the case early we cannot with the same degree of positiveness advise an operation with the same *éclat* as the consulting surgeon whose every word is taken as a word of wisdom, but as a practitioner and as a surgeon I entertain the same opinions expressed so well by Dr. Finney, and that is the line of action I have laid out for myself as the proper one to pursue. Seeing cases as a practitioner, and coming across them very early, that is, when the first pain strikes the patient, one hesitates then, though a surgeon, to recommend an operation at that time, because a large number of those cases undoubtedly do get well, as Dr. Finney said, but I have seen many of them that did not get well. I entertain the opinion that it is not safe to leave a diseased appendix in the body. Of course, if we pursue this to its ultimate conclusions one may say why not at a certain age, say three years, remove the appendix and prevent its doing any harm. Well, doubtless it would be good practice, but I scarcely believe the people would care to undertake the operation as yet.

In my opinion, an appendix that has been diseased, even if the patient gets well, is a source of menace to that patient. I recall a case I saw with Dr. Blake some years ago of a man in the acute stage of appendicitis. The family declined an operation. The next morning the man was better, and he got well. One year later he had another attack; he again declined operation, and this time he died. A number of such cases have come under my observation. I have seen one where the patient had the third attack. The appendix, when removed, was badly kinked. The boy got well. He undoubtedly would have had another attack, for there was pus in the end of the tube. We can never tell how soon a case will present dangerous symptoms, and if it does get well it is frequently only to result in another attack. The safest way, then, is to get rid of it. I saw another case, a woman, who had an attack, get well, but break out in boils all over, showing septic absorption. Some cases get well, as it were, by fire.

I want to show an appendix from the last patient upon whom I operated. A man was brought into the hospital with a large lump in his side. I thought it was an abscess and opened it, but found instead a mass of inflamed omentum and lymph tissue, and the appendix with a little slit in the end of it, though the tube did not appear to be diseased. After some manipulations a concretion came out. There were a few drops of pus, but

it was not a suppurative case practically. It is to me a rather peculiar case.

*Dr. Batchelor:* It has been my fortune to see quite a number of cases of appendicitis, and I have seen them, as Dr. Winslow expresses it, in what to my mind seemed to be the very beginning. I have seen patients who were to all appearances perfectly well suddenly taken with nausea, vomiting, constipation, and the various symptoms of appendicitis coming on rapidly. I have seen those patients treated in both ways, and I do not hesitate now to advise in every case an operation as soon as the diagnosis is made. I have seen cases get well without operation, then go on for a relapse and die very quickly, and it seems to me a mortality of 20 per cent. in such a disease as appendicitis is entirely too much, particularly when good operators show a mortality of not more than 5 per cent.

The point about calling in a surgeon and his making a great impression is very good, but it seems to me if the general practitioner has an opinion upon the subject the patient will listen to him and the surgeon can be called early and the operation be performed early in a very large number of cases. Waiting for pus to form seems to me a very dangerous procedure. You have early a simple operation, easily done, and you avoid the danger of rupture, with possible peritonitis and septic absorption. I have seen cases where this latter was a very grave point. They seemed to get well, as the surgeons express it; they recover from the operation, but die later from what seems to be septic absorption. As to operating for diagnosis, I think Dr. Finney is right. I have seen cases lately where the points of differentiation were not marked, but where there was an evident intra-abdominal trouble that medical men could not handle. Where there is difficulty in determining intestinal obstruction, appendicitis or some of the other abdominal troubles, it seems to me it is best to call a surgeon and let him see what the trouble is and operate at the same time.

*Dr. Finney:* I have been very much interested in the remarks made by the gentlemen, especially those of Dr. Tiffany. The ideas advanced are new to me, as I have met with no suggestion of that kind in the articles that I have read. On thinking it over I feel that I must take issue with him concerning the opinions expressed. A sort of parallelism between this disease and typhoid fever was drawn. Typhoid fever is produced by a definite organism that gains access to the individual in a certain way, and manifests itself by a train of pathological conditions that give rise to certain clinical phenomena. Any distinct disease, it seems to me, must in the first place correspond with certain laws. There must be a certain definite train of pathological lesions. In appendicitis these exist. Appendicitis is an acute inflammatory trouble, and as such it must be produced by a certain infectious agent. We know now that a man may have the typhoid bacilli in the intestinal canal and his mouth full of pneumococci, and yet not become infected, but that does not signify. If appendicitis is a disease like typhoid fever, there ought to be an organism to produce it. Careful examinations have been made, and no one organism has been isolated. We do find certain organisms there, however, and some one or more of them always. In a long series of cases we find a lesion that can be produced artificially in animals, or something closely akin to it.

Let us take up the conditions that Dr. Tiffany referred to as the lesion, the kinks, the thickening and twists, the ulceration and perforation that appear in the appendix. Now it seems that every one of those conditions can be accounted for. You take the anatomical structure of the appendix and submit it to the inflammations which we know exist, and follow that to its ultimate conclusion, and you get the formation of fibrous tissue with contraction, twist and malposition. All the conditions that we find in the disease can be accounted for on the present pathological basis.

So far as the recovery of 80 per cent. is concerned, we know that many of them go on to abscess formation and discharge through the belly, the vagina, the lumen of the intestinal canal, or absorb the inflammatory products. I believe

that appendicitis is an infectious disease produced by organisms with which we are very well acquainted, the staphylococcus, streptococcus and colon bacillus. What we do not know is why it should start up an inflammation in an individual case, while in another case, in which we find at autopsy similar anatomical conditions, it did not give trouble. We know that organisms when penned up in a closed cavity tend to become more virulent, and I believe indiscretions in diet, catching cold, etc., produce a congestion and act as an exciting cause in many cases of appendicitis, while the real cause is some malposition or change in the appendix itself.

Another point which I take exception to is Dr. Tiffany's statement that in cases with pus free in the general peritoneal cavity, if it is "upstairs," as he expressed it, the patient does not get well.

*Dr. Tiffany:* Very rarely, by accident.

*Dr. Finney:* I have seen two cases of this description get well, but the point I want to make is that cases ought never to be allowed to go to the point where they have general peritonitis. As to operating for a diagnosis, I mean to say that if you have cases with abdominal pain, elevated pulse and temperature, a face that indicates illness, and with the probability of, or rather with the impossibility of excluding definitely appendicitis, I believe that the indications are just as definite for operation, it makes no difference what your diagnosis, as if you knew the patient had appendicitis. I have operated upon two cases of typhoid fever, mistaken for appendicitis, but in both cases there was perforation, once for a wandering pus kidney, a case of ruptured extrauterine pregnancy, and so on, but in every instance I erred on the right side. The point I want to make is, that if you are in doubt as to the diagnosis, and the patient is getting worse, or at least no better, after twenty-four hours, which is a reasonable time, you ought to operate. Forty-eight hours is an unreasonable time to wait, and sometimes even twenty-four hours is too long.

I agree most heartily with Dr. Winslow's position. The question sometimes arises in a case of obscure abdominal trouble, what shall we do, and we may reason thus, that if we do not operate this patient has eight chances of getting well and two of dying. But if we operate early he has ninety-five chances of getting well against five chances of dying. If we advise operation, the family may say wait, he might get better. We have that patient's welfare in our hands, and we must decide what is the best course to pursue. It is immaterial what others think. It is a matter of conscience, and I for one cannot get away from the responsibility of saying what can and should be done, and then if they decline they must assume the responsibility. Taking everything into consideration, I believe that early operating is giving the patient the best chance, and I cannot feel but that the physician who says wait, if the patient dies, is responsible to a certain extent for the death. On the other hand, if you operate, and the patient dies, the surgeon will be held responsible to a certain extent, but if you have been conscientious, and done all that can be done, you can rest easy, whilst if you have waited, and feel later that you should have said operate early, the weight is a heavy one upon you. Dr. Tiffany characterized our view as a one-sided one. I cannot but think, however, it is a right-sided one.

The Society then adjourned.

H. O. Reik, M. D., Secretary.

## MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

### FEBRUARY MEETING.

At the February meeting of the Medical and Surgical Society of the District of Columbia, Dr. John E. Walsh read a paper on "Diphtheria." He says that many men still cling to the idea that the disease is merely local; that as soon as the throat is clear the patient is cured. The fallacy of this view has been demonstrated by sudden deaths having occurred after the throat was clear. The organisms producing different forms of diphtheria are, in the order of their severity, the staphylococcus pyogenes, the strep-

tococcus pyogenes and the Klebs-Loeffler bacillus.

As regards diagnosis, no positive opinion can be rendered without bacteriological examination. Often the Klebs-Loeffler bacillus is found in healthy throats, and this has led some to believe that it is not a necessary accompaniment of the disease; but these persons are merely immune as regards themselves, and capable of communicating the disease to others. While the Klebs-Loeffler bacillus is the great cause, and without it one cannot have diphtheria, yet there is another condition necessary, namely, susceptibility. Contrary to general opinion, the prevalence of the disease in this city is more among the moderate and well-to-do classes; only $16\frac{2}{3}$ per cent. are among the poor, and the white race is more susceptible than the colored.

In regard to treatment little need be said, for aside from the administration of antitoxine it is altogether symptomatic. Absolute quiet of the patient in a recumbent position and easily digestible diet are imperative. Stimulants, intubation or tracheotomy should be resorted to when necessary.

*Dr. French* said that to obviate, as far as possible, overlooking an attack of diphtheria, compulsory cultures should be made, and all physicians should be compelled to submit cultures in every case of sore throat. He advocated having incubators in various drug stores, so that there would be little delay in starting the growth of the cultures.

*Dr. Adams* believes in giving large doses of antitoxine as early in the disease as possible, and for immunizing in the Children's Hospital he administers from 250 to 500 units to every patient admitted.

*Dr. Reyburn* does not believe in ignoring methods of treatment which brought about cures before serum was introduced. In conjunction with the serum he gives full doses of quinine, followed by tincture of chloride of iron, and locally spray of bichloride of mercury one to one thousand dissolved in solution of peroxide of hydrogen and glycerine.

*Dr. Walsh,* in closing the discussion, said that it had been found that the period for which antitoxine rendered a person immune was thirty days, and that a second or third dose, given at intervals of thirty days, would have given better results at the Children's Hospital in eradicating diphtheria from the institution. He regards the use of antiseptic sprays and gargles as unnecessary and useless, yet admitted that no growth would result from a culture taken immediately after the application of an antiseptic to the throat.

## CLINICAL LABORATORY SOCIETY.

MEETING HELD FEBRUARY 23, 1898.

The Clinical Laboratory Society held its second meeting on February 23 at the Clinical Laboratory, 1302 Madison avenue. The following papers were read and accompanied by demonstrations of specimens:

*Dr. C. Urban Smith* read a paper on "The Adulteration of Flour with 'Flourine' (corn-flour) and Method for Detection of the Adulteration."

*Dr. S. P. Latané* read a paper on "Bremer's Urine Test in Diabetes," and also read a "Report of Cases and Demonstration."

*Dr. W. Milton Lewis* demonstrated the "Possibility of Recognizing the Tubercle Bacillus by Gaslight."

*Dr. Charles E. Simon* reported a "Case of Melanuria not Associated with Melanotic Sarcoma."

*Dr. Alfred Wanstall* made a "Journalistic Report on the Month's Progress in Bloodwork."

A discussion followed each paper, and after the meeting there was a smoker.

S. P. Latane, Secretary.

Hyperemesis Gravidarum and Salt.—Antonchevitch (British Medical Journal) sees a strict homology between uncontrollable vomiting of pregnancy, and vomiting from which animals suffer when deprived of salt in their food, being fed on albumen artificially deprived, as much as possible, of potassium and sodium salts. He has, therefore, dieted women suffering from hyperemesis gravidarum by taking care that their food contains at least a full proportion of salt.

## Correspondence.

### MEDICAL PRACTICE ACT.

JOHNS HOPKINS UNIVERSITY,
BALTIMORE, March 12, 1898.

*Editor of the Maryland Medical Journal:*

DEAR SIR—In reply to your inquiry as to the opinion of the Medical Faculty of the Johns Hopkins University concerning the bill introduced into the legislature to change the existing Medical Practice Act, I beg to say that we are unanimously opposed to this bill.

To limit membership on the State Board of Examiners to representatives of medical schools and to exempt graduates of our own schools from the necessity of State examination, while requiring such examination of graduates of all other medical schools in the world who desire to practice in this State, seem to me such absurd provisions that their enactment would make us simply ridiculous in the eyes of the rest of the world. As Dr. Ellis pointed out forcibly at the recent hearing before the committee of the legislature having this bill under consideration, graduates of Maryland medical schools who fail to pass the examinations in other States will be likely to return here and practice. This State would become the dumping-ground of such graduates.

Very truly yours,
WILLIAM H. WELCH, M. D.,
Dean.

## Medical Progress.

TOBACCO IN THE COLLEGES.—The opinions expressed by the teachers of Chicago regarding the effects of tobacco upon growing boys, says the Archives of Pediatrics, are corroborated by other observers. Dr. J. W. Seaver, director of the physical laboratory of Yale College, in the last number of the Journal of Inebriety, reports an extended series of observations made upon Yale students. A tabulation of the records of the students who entered Yale in nine years, when all of the young men were examined and measured, shows that the smokers averaged fifteen months older than the non-smokers, but that in size—except in weight, which was one and four-tenths kilograms more—they were inferior in height to the extent of seven millimeters and in lung capacity to the extent of eighty cubic centimeters. The observed rate of growth at this age would lead us to expect that the smokers, from their greater age, would surpass the others by one kilogram in weight, two millimeters in height and 100 cubic centimeters in lung capacity.

The effect of nicotine on growth is very measurable, and the following figures are presented by Dr. Seaver as a fairly satisfactory demonstration of the extent of the interference with growth that may be expected in boys from sixteen to twenty-five years of age.

For purposes of comparison the men composing a class in Yale were divided into three groups. The first was made up of those who did not use tobacco in any form; the second consisted of those who had used it regularly for at least a year of the college course; the third included the irregular users. A compilation of these data shows that during the period of under-graduate life, which is essentially three and one-half years, the first group grows in weight 10.4 per cent. more than the second and 6.6 per cent. more than the third. In height the first group grows 24 per cent. more than the second and 11 per cent. more than the third; in girth of chest the first group grows 26.7 per cent. more than the second and 22 more than the third; in capacity of lungs the first group gains 77 per cent. more than the second and 49.5 per cent. more than the third.

These results are essentially the same as those obtained by Dr. E. Hitchcock of Amherst College, who observed a similar group of young men in a manner entirely independent. He says: "In separating the smokers from the non-smokers it appears that in the item of weight the non-smokers have increased 24 per cent. more than the smokers; in growth in height they have surpassed them 37 per cent. and in chest girth 42 per cent. And in lung capacity there is a difference of 8.36 cubic inches in favor of the non-smokers."

The wide difference in lung capacity is very striking and points to the influence

of tobacco on respiration. Inspiration is essentially a muscular act, and as such would be impeded by nicotine, and respiration would degenerate into an incomplete act.

As regards the effect of nicotine upon mental processes, Dr. Seaver refers to the fact that upon such a question statistics must be very cautiously handled. Out of the highest scholarshipmen at Yale only 5 per cent. use tobacco, while of the men who do not get appointments 60 per cent. use it. It is not entirely necessary to interpret this as meaning that mental decreptitude follows the use of tobacco. Dr. Seaver believes that it may mean that the kind of mind that permits its possessor to become addicted to a habit that is primarily offensive and deteriorating is the kind of mind that will be graded low on general intellectual tests.

In training for athletic contests every influence of a motor-depressant nature is removed as far as possible; tobacco is one of the first things forbidden. As growth is one of the most important elements of functional activity during adolescence it seems logical to remove from the system every possible motor-depressant. Tobacco is a most potent motor-depressant. Whatever one's opinions may be regarding its use by adults, individual observation and collective investigation prove beyond possibility of doubt that its influence during the formative and rounding-out periods of life are baneful in the extreme.

* * *

Deviation of the Umbilicus.—Boulland (British Medical Journal) has drawn attention to this subject. As is well known, a past pleurisy, especially when accompanied by a dense adhesion, is able to cause deviation of the sternum to the right or left of the middle line, according to the side affected. In the same way, deviation of the umbilicus may occasionally be observed in patients who have had a previous tuberculous peritonitis for adhesions form inside the abdominal cavity, as in the pleural. There is, however, this important feature in connection with the peritoneal condition, that such adhesions are liable to cause intestinal obstruction; therefore, deviation of the umbilicus may be of practical importance to the surgeon in determining where to operate in opening the abdomen.

* * *

Surgical Treatment of Abscess of the Liver.—Lafourcade of Bayonne (British Medical Journal) operated on two cases. The first patient had suffered from dysentery in a colony. Abscess slowly developed. Lafourcade punctured, withdrawing three pints and one-quarter of chocolate-colored pus. Then he resected the edges of the eighth, ninth and tenth ribs, incised the abscess and drained. A large biliary fistula developed and death ensued. In a second case a syphilitic subject had a hepatic abscess. Transpleural laparotomy was performed. Two and one-half pints of pus came away, the abscess was drained and a good recovery followed.

* * *

Catheterization of the Male Ureters.—In the Johns Hopkins Hospital Bulletin Dr. H. A. Kelly describes his method of catheterizing the male ureters through an open cystoscope, with the bladder distended with air by posture. This he did at St. Luke's Hospital before a number of physicians, and clearly demonstrated to the eye the opening of the ureter. The late Dr. James Brown of Baltimore was also very skillful, and could catheterize the male ureter with ease without the aid of the cystoscope.

* * *

Carcinoma Radically Excised.—In operating for carcinoma, whether of the breast or of the uterus, it is important to remove all lymph glands near the growth, and in carcinoma of the uterus lymph glands even down to the base of the broad ligament should be eradicated.

* * *

Antitoxine Absorption.—As a rule, antitoxine is administered hypodermically, but it has been found that in young children it may be given by the mouth or by the rectum, and the effects will be good. This hardly has an advantage over the usual methods.

MARYLAND
# Medical • Journal.
PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MARCH 19, 1898.

**Social and Professional Visits.**

THE young man entering practice is often in a predicament and has hard work to make fine distinctions. One of his difficulties is in knowing how and when to make friends of his patients and patients of his friends. An older physician once said that for every friend made by a young man two patients were lost.

There is no doubt that the familiarity which springs from a close acquaintanceship between physician and friend soon begets a certain amount of contempt, and in too many cases the physician does better to hold himself aloof from too close communion with possible patients. The dangers of making friends of patients is also emphasized when the visit which is on the dangerous borderland between social and professional is viewed from different sides by patient and physician.

A physician goes to see a sick one, be it man, woman or child, and he is asked to remain, perhaps to spend the evening or to take a meal. That is the fatal step. As soon as he begins to drop in in a familiar way to ask a few questions and make a few suggestions, and then remain for a social talk, just so soon is his position as family physician in jeopardy. Of course, there are exceptions to this statement, when the physician has reached the age of extreme maturity, and then comes the difficulty of turning him off when the family likes him as a friend, but feels that as a physician a better man might be found. When the time for rendering bills comes around then the position of both parties is usually clearly defined.

A young physician in New York State has just brought suit against a fair patient for a bill for services, which she maintains she does not owe, as so many of the visits were of a social nature. By bringing suit the physician made clear his position and found an enemy in his fair patient, and being in a small place, he probably hurt himself more than the amount of the bill, while the patient was taught the lesson that good services may be rendered, even though harmless talk and persiflage be mingled with the good advice. Still, such combinations are rather dangerous, and physicians especially are much more appreciated if they have little to say and refuse to converse on medical topics before a general audience or take up social chit-chat on an equality with the patient during a professional visit.

More misunderstandings arise from this lack of business methods than from many other causes. As long as there is illness in a house social visits should cease, and when professional advice is asked during a social visit it should either be given cheerfully and openly, so that the patient understands it is free, or else it should be made clear that it is a professional service.

It takes more than mere medical knowledge to make a successful physician, as the successful man with tact and a knowledge of human nature so well knows.

* * *

**Johns Hopkins University.**

THE Johns Hopkins University has asked for State aid, and immediately other State educational institutions have done the same thing. The City Council is opposing this move, and suggests that State aid should go to the public schools. The financial committees of the present legislature have a responsible duty to perform and will be obliged to carefully discriminate between worthy and unworthy educational institutions which should be supported by the taxpayers. The Johns Hopkins University has certainly been the means of bringing thousands of dollars to the State and is worthy of such support as the State can afford to give.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 12, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | . | 49 |
| Phthisis Pulmonalis | .. | 27 |
| Measles | 46 | 1 |
| Whooping Cough | 9 | 2 |
| Pseudo-Membranous Croup and Diphtheria | 22 | 7 |
| Mumps | 4 | .. |
| Scarlet Fever | 17 | .. |
| Varioloid | .. | .. |
| Varicella | 2 | . |
| Typhoid Fever | 2 | 2 |

Baltimore is an especially healthy city. People live to an advanced age here.

The office of publication of the *North Carolina Medical Journal* has been removed from Wilmington to Winston, in that State.

The next meeting of the Pennsylvania State Medical Society, which is the fiftieth annual meeting, will be held at Lancaster May 17, 18 and 19, 1898.

The Supreme Court of Vermont has decided, in an action of indictment for adultery, that a maiden is "a young unmarried female, not necessarily a virgin."

The Skin and Cancer Hospital of New York celebrated its fifteenth anniversary by moving into a large and commodious building with sixty beds and ample clinical facilities.

Dr. James S. Fulks, a prominent physician and early settler of Gaithersburg, Md., died at his home last Sunday, aged sixty-nine. Dr. Fulks was graduated from the University of Maryland in 1864.

The formal opening of the Lakeside Hospital at Cleveland took place with appropriate ceremonies last January. The hospital has 250 beds and is open to all reputable physicians of that city.

Sir Richard Quain, Bart., physician extraordinary to Her Majesty, president of the General Medical Council and editor of the "Dictionary of Medicine," is dead. He was born October 30, 1816, was a fellow of several learned societies and the author of numerous medical and scientific works.

Dr. John Morris, so well known and so beloved by the profession and his large number of friends, has decided to close his house in Baltimore and live at his country place in Charles county, near La Plata. As a member of the State Board of Health, the Lunacy Board and other bodies, Dr. Morris has rendered valuable service to his city and State.

There are about 2500 physicians in Paris, and of these five or six make from $40,000 to $50,000 a year, ten to fifteen make from $20,000 to $30,000, a hundred make about $10,000, three hundred make from $3000 to $5000, eight hundred make from $1500 to $3000, while twelve hundred make less than $1500. Lawyers do not make as much as physicians in France.

Dr. Edward N. Brush, superintendent of the Sheppard and Enoch Pratt Hospital, gave a most elaborate dinner last week at his hospital in honor of the twentieth anniversary of the date of his connection with hospitals for the insane. Many alienists and neurologists were present. Dr. Brush has been most successful in his work at the institutions with which he has been connected, and especially at the Sheppard and Enoch Pratt Hospital, where he has cured some very hopeless cases.

Dr. G. Lane Taneyhill, after having been appointed by the Mayor of Baltimore as quarantine physician and confirmed by the City Council, has decided not to accept the position. Dr. Taneyhill endeavored to be appointed physician to the jail or health commissioner, but in the distribution of republican patronage he was allotted as his due the quarantine position, which he finds it impracticable to accept, as his practice and other positions are worth more to him than a temporary place down at quarantine.

The appointment of Dr. John M. Ruhräh as quarantine physician of Baltimore in the place of Dr. Taneyhill, who declined, is not only acceptable to the profession, but it reflects great credit on the medical advisers of the Mayor. Dr. Ruhräh was graduated from the College of Physicians and Surgeons in 1894, and after serving as resident physician at the City Hospital for a short time he went abroad and perfected himself in the technique which so well fitted him for the position which he has held as head of the Pasteur Institute of the College of Physicians and Surgeons.

## Washington Notes.

Dr. Edwin M. Hasbrouck, assistant coroner, is about to leave the city and locate in Nebraska.

Dr. Homer S. Medford has been elected assistant in gynecology at the Eastern Emergency Hospital and Dispensary.

E. A. De Schweinitz delivered a lecture before the Chemical Society, entitled "The Pasteur Milk Laboratory of Washington."

Dr. Austin M. Curtis of Chicago is appointed surgeon-in-chief of Freedman's Hospital, vice Dr. Daniel H. Williams, resigned.

Dr. J. J. Kinyoun, passed-assistant surgeon, was detailed as delegate to represent service at the National Pure Food and Drug Congress.

At the last meeting of the Medical Society Dr. Lamb read a paper entitled "Medicine and Sanitary Matters Among the Old Hebrews." Dr. Adams presented tapeworm specimens, and Dr. Cuthbert reported a case of Cesarean section and craniotomy.

The death rate increased 12.5 per cent. over previous week, total number of deaths being 120. Twenty were due to pneumonia, three to grippe, one to diphtheria and one to measles. There are thirty-eight cases of diphtheria and forty-nine of scarlet fever.

At the last meeting of the board of directors of the Eastern Dispensary and Emergency Hospital the following officers were elected: President, Thomas Smith; vice-president, Tracy L. Jeffords; secretary, Henry K. Simpson; treasurer, Geo. F. Harban.

A board of medical officers, to consist of Colonel Dallas Bache, assistant surgeon-general; Major Walter Reed, surgeon; Major James C. Merrill, surgeon; Captain William H. Arthur, assistant surgeon; First Lieutenant Alexander N. Stark, assistant surgeon, is constituted to meet at the Army Medical Museum Building in this city on Monday, May 2, 1898, at 10 o'clock A. M., for the examination of candidates for admission to the Medical Corps of the army.

The telephone bill has passed both branches of Congress. It provides "that from and after the passage of this act it shall be unlawful for any person or any telephone company doing business in the District of Columbia to charge or receive more than $50 per annum for the use of a telephone on a separate wire; $40 for each telephone, there not being more than two on a wire; $30 for each telephone, there not being more than three on a wire, and $25 for each telephone, there being four or more on a wire."

## Book Reviews.

A Clinical Text-book of Surgical Diagnosis and Treatment. For Practitioners and Students of Medicine and Surgery. By J. W. Macdonald, M. D., Graduate in Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and of Clinical Surgery in Hamline University, Minneapolis, etc. An octavo volume of 798 pages, with 328 illustrations. Price, cloth, $5; half morocco, $6. W. B. Saunders, Philadelphia, 1898.

The above volume of 798 pages is devoted to the practical rather than to the theoretical aspect of surgery. All discussion of the etiology and pathology of surgical affections is omitted and the author treats only of symptoms, diagnosis and treatment. As a manual for ready reference the book is excellent. The descriptions of the various surgical diseases and accidents are brief, but for the most part clear and instructive, and the methods of treatment are usually quite up to date and are conservative rather than aggressive. It is impossible to embrace the whole domain of surgery satisfactorily in a volume of this compass, but it has been fairly well accomplished in the present instance.

A Text-book of the Practice of Medicine. By J. M. Anders, M. D., Ph. D., Professor of Clinical Medicine, etc., in the Medico-Chirurgical College, Philadelphia. W. B. Saunders, 1897. Pp. 1287. Price $5.50.

For a long time there were few good modern text-books on the practice of medicine. Then appeared Osler's, which occupied the field for a time, until other clinicians felt constrained to publish works, and within the past few years there have been numerous works more or less similar, but all treating of the practice of medicine. This work of Dr. Anders is the latest candidate for popularity, and it bears the impress of an attractive production. In places, however, it is surprisingly like other books on the same subject, the language in places being almost identical, which goes to show, perhaps, that all writers of comprehensive works cannot draw on their experience for the whole book, but must look to

former works for a part, and it is evident that more than one writer has drawn inspiration from some older work.

Dr. Anders' work differs from all others in that the treatment is very fully considered, and that will make it dear to the heart of the prescriptionist, for under almost every disease not only are the general directions given, but the exact prescription recorded. The modern style of orthography, which is still unsanctioned, is followed in this book. The author advocates the isolation of typhoid cases, and believes that the disease is transmitted principally through drinking water and not by the air. Tuberculosis is considered under the head of infectious disease, and consumption finds no place under the diseases of the respiratory organs. Appendicitis is a surgical disease. In the examination of urine for glucose the author does not place reliance on the phenylhydrazin test. The illustrations are few, and in the treatment little is said of diet. The book is well printed and not bulky.

## REPRINTS, ETC., RECEIVED.

Hereditary Deafness. By Lewis S. Somers, M. D. Reprint from *Medicine.*

Anti-Streptococcus Serum. By C. P. Thomas, M. D. Reprint from the *Journal.*

Appendicitis: Report of Four Cases. By Merrill Ricketts, Ph.B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

Examination of the Urine as a Means of Diagnosis. By Theodore W. Schaeffer, M. D. Reprint from the *Kansas City Medical Index.*

The Urgent Need of Sanitoria for the Consumptive Poor of Our Large Cities. By S. A. Knopf, M. D. Reprint from the *Medical Record.*

Experimental Basis of the Dietetic and Medicinal Treatment of Hyperacidity and Gastritis. By John C. Hemmeter, M. B., M. D., Ph.D. Reprint from the *Journal.*

Vaginal Hysterectomy for Uterine Myomata and Diseases of the Annexa. By William H. Wathen, M. D., LL. D. Reprint from the *Transactions of the American Gynecological Society.*

"Deficient Excretion from Kidneys not Organically Diseased and Some of the Diseases Peculiar to Women," and Diseases of the Skin. By L. D. Bulkley, A. M., M. D. Reprint from the *Journal.*

## Current Editorial Comment.

### CLEAR LANGUAGE.

*Laryngologist.*

If direct, plain and terse language is admirable in popular authors, how much more desirable is it in teachers of subjects which require close mental application. The opposite of these qualities too often afflict several classes of medical writers. It would be possible to mention a book on ophthalmology, of cumbersome proportions, in which many of the subjects are so obscured by ambiguous verbosity that the reader feels, after floundering through a miry article, that his intelligence has been imposed upon and that he has paid for something which he did not get. Such writers befuddle the brain, and their productions are likely to be short-lived.

### BREAD PILLS.

*Northwestern Lancet.*

Allusion to "brown bread pills" has been common since some well-known physician (was it Dr. Holmes?) publicly referred to their use. It must be admitted that the charge against the profession has an element of truth, but there is something to be said upon the other side, and that is that there are many situations where the deception of the patient is not only harmless, but may even be salutary. The expectation of an effect is often a great adjuvant to a remedy, and where the doctor is ministering to a disease that exists only in the imagination of the patient he is entitled to employ a remedy whose effect can be only through the exercise of that same imagination.

### LEGITIMATE ADVERTISING.

*Cleveland Medical Gazette.*

Legitimate and ethical medical journalism has never been any too liberally supported by the profession, or it would not be necessary for any high-class journal to depend upon advertising patronage for its maintenance. But if the time ever comes that all medical journals are obliged to advertise this class of goods or discontinue publication we shall choose to discontinue. The average medical reader is none too careful to choose the ethical journal, and to refuse to patronize the trade journal or the journal which admits improper advertisements. We wish every doctor would pay attention to this matter and take a positive stand. This is one of the points on which the profession is entirely too indifferent.

## Medical Meetings.

| APRIL | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | .. | .. | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| .. | .. | .. | .. | .. | .. | .. |

| MAY | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | .. | .. | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

| JUNE | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

**The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.**

### National Associations.

#### April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

#### May.

ASSOCIATION OF AMERICAN PHYSICIANS. Washington, D. C., May 10, 11 and 12, 1898. F. C. SHATTUCKS, M. D., President, Boston, Mass. HENRY HUN, M. D., Secretary, Albany, N. Y.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN NEUROLOGICAL ASSOCIATION. New York, May 26, 27 and 28, 1898. M. ALLEN STARR, M. D., President, New York City. F. X. DERCUM, M. D., Secretary, Philadelphia.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May —, 1898. THOS. R. FRENCH, M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

#### June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

#### July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

### State Societies.

#### April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

#### May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page* xvi.)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 24. BALTIMORE, MARCH 26, 1898. Whole No. 887

## Original Articles.

# CHRONIC INTESTINAL INDIGESTION IN INFANCY AND CHILDHOOD.

*By Noble P. Barnes, M.D.,*

Professor of Pediatrics, Medical Department National University, Washington, D. C.

READ AT THE MARCH MEETING OF THE WASHINGTON MEDICAL AND SURGICAL SOCIETY.

THE members of the society will pardon me this evening for calling their attention to an old yet neglected and interesting subject, that of chronic intestinal indigestion in infancy and childhood.

In infancy the stomach is little more than a dilated portion of the alimentary canal acting as a reservoir, and while the proteids are transformed into acid albumen, albumoses and peptones, and there is considerable absorption, the more intricate and complicated processes of digestion are carried on in the intestine. This is why chronic intestinal indigestion is so common in children of all ages, and especially between the sixth month and the fifth year.

The condition may or may not be associated with gastric indigestion, but the gastric symptoms will appear from time to time as occasioned by overfeeding or some article of diet.

The etiological factors in the production of this disease are many—constitutional debility, either acquired or hereditary, unhygienic surroundings and any of the acute diseases, particularly broncho-pneumonia. In nursing infants the cause may be a nervous anemic mother, a scanty milk supply, or the component parts out of proportion to the normal standard and not agreeable to the child, or the milk may be too rich, the child nursed too long at a time and at too frequent intervals.

In bottle-fed infants there is usually ignorance or neglect in preparing the milk; often a simple dilution, without an attempt to simulate the mother's milk. In these cases there is an excess of proteids and an absence of fats and sugar of milk, together with too frequent and overfeeding.

In older children there is a history of bad feeding and an excess of carbohydrates, of which potatoes and oatmeal are the favorites. In dispensary practice and among the poor bad feeding is not limited to excess of starches, but to the most indigestible forms of pork, with boiled cabbage. The indigestion may be associated with a general atonic condition due to prolonged starvation, error in diet and rickets.

In the milder forms the condition is a functional disorder, with no structural changes, but in most cases there is a catarrhal colitis, with hyperplasia of the lymph nodules.

The symptoms of chronic intestinal indigestion are many and varied. The infant is fretful, irritable and hard to amuse. There is gradual loss in weight, with anemia and often subnormal temperature. The appetite is usually good, except at times when there is a brightening of all the symptoms, with vomiting, fever and diarrhea or constipation.

If loose the stools number from two to six in twenty-four hours; are thin, contain curds, sometimes mucus, and vary in

color from a yellow green to a dirty green. The stools are usually passed without pain or tenesmus, are accompanied by much gas and are sour, but not foul. They may cause intertrigo and excoriation.

When constipation is present the stools are grayish-white, and sometimes formed into hard balls that are expelled with much effort, and are sometimes covered with mucus and blood. When the bowels move sluggishly there is usually much flatulence and colic and the nervous symptoms intensified.

These conditions may continue along for months, receiving little or no attention, except at the exacerbations, which are sometimes marked by nervous symptoms, due to absorbtion of toxic materials in the intestinal tract. The weight usually declines gradually, but sometimes is stationary, or may, in the breast-fed infant, for a time increase. As the trouble continues the child becomes thin and cadaverous-looking, with a large and tympanitic abdomen; is pale and anemic, cross, irritable and emotional, easily fatigued and hard to control.

In some children the symptoms are not prominent, and the child is simply noticed to develop slowly and have what the parent thinks is an occasional attack of indigestion, which is the exacerbation of the continuous condition. They sleep unnaturally at night and are much disturbed in day rest. They cry out, grind their teeth, and, with the very offensive breath, pale lips and dark circles under the eyes, give all the appearance of the presence of ascaris lumbricoides.

In these children there is usually constipation, with the lumpy, gray, offensive stools. Diarrhea may intervene for several days; the stools are of a green or brown color, thin, very offensive and containing undigested food and mucus.

The nervous symptoms are varied and puzzling, sometimes so severe as to lead one to suspect brain or spinal disease. Opisthotonos is frequent in infants; muscular rigidity and sometimes exaggerated reflexes are met with. There are frequently attacks of dullness and stupor or delirium and convulsions.

Within the last year two cases of paresis of the motor oculi have come under my notice, due to chronic intestinal indigestion. The one, a boy about three years old, alarmed his parents by developing this condition, they not having noticed the undigested food the child had been passing for a month. He entirely recovered after purgation, irrigation and starvation, followed by proper diet and powdered hypophosphites.

The other patient was a five-year-old girl. The eyes became normal after two days' treatment, but returned to a worse condition about two weeks later, when the child stole a march on the parents and ate half a mince pie. Since then she has been treated by an oculist, but the strabismus continues, and tenotomy will have to be performed later.

Frequently during the course of the disease a skin rash will appear in the form of erythema or urticaria.

The temperature may run along at 99° F. or 100° F., or at times be subnormal. During the exacerbations, which are frequent and easily excited, it reaches 103° F. to 104° F. In itself chronic intestinal indigestion has no tendency to spontaneous recovery, and the duration of the disease is therefore indefinite; may terminate in exhaustion or some acute disease, especially of the alimentary canal. It is a predisposing cause to any disease, and broncho-pneumonia is often associated with a prolonged course.

The prognosis is always better among the poor, where the disease is due to food and surroundings, than among the well-to-do, where constitutional weakness is present.

As to the diagnosis, this is not difficult, as the examination of the stools will give the key to the situation. However, the more important part, that of discovering the offending element, is not so easy, especially in the nursing infant.

The most important and most neglected point is the analysis of the mother's milk. Analysts differ widely in their results, yet the more recent ones are close enough to be of practical value, and this variance is due, not so much to their different methods as to the variance in woman's milk, differing in the same breast at different periods of lacta-

tion, at different lactations and at different nursings. The first milk has less solids than the middle milk, and the strippings are richest of all. This is due to mechanical separation. The two breasts show a variation in amount of solids. As the process of lactation advances, the proteids and ash decrease, the sugar increases, while the fat remains about the same, but is widely variable. If lactation is continued toward the later months the child gains slowly and may really lose weight.

The following table shows the analysis by nine different chemists and gives an idea of what the normal standard should be:

| Analyzers. | Water. | Sugar. | Fat. | Proteids. | Ash. |
|---|---|---|---|---|---|
| Vernois and Becquerel.. | 88.91 | 4.36 | 2.67 | 3.92 | 0.13 |
| Clemm..... ..... | 90.58 | 3.15 | 3.34 | 2.91 | 0.19 |
| Payen.. ..... | 89.54 | 3.77 | 3.34 | 3.35 | ..... |
| Tidy..... | 86.27 | 5.13 | 5.37 | 2.97 | 0.22 |
| Frey..... | 90.01 | 7.61 | 4.34 | 1.05 | 0.21 |
| Lehmann ..... ..... | 88.50 | 6.00 | 3.80 | 1.70 | 0.20 |
| Leeds..... | 86.70 | 6.90 | 4.10 | 1.90 | 0.20 |
| Holt ..... | 87.30 | 7.00 | 4.00 | 1.50 | 0.20 |
| Carter & Richmond..... | 88.10 | 6.75 | 3.08 | 1.87 | 0.25 |
| Normal Standard..... | 88.00 | 6-7 | 3-4 | 1-2 | 0.20 |

Of course there are individual idiosyncrasies among children, and what one would thrive on would be detrimental to another. But a standard is necessary to determine the nearness of mother's milk to the average and to adjust the composition of artificial milk.

In the thirty-eight births occurring at the Birmingham Workhouse Infirmary there were four deaths, due, as demonstrated by the analysis below, to mother's milk.

| Water. | Sugar. | Fat. | Proteids. | Ash. | Remarks. |
|---|---|---|---|---|---|
| 86.95 | 5.78 | 2.49 | 4.05 | .28 | Died on 5th day; stomach upset from the first. |
| 87.48 | 4.80 | 4.13 | 3.11 | .48 | Died on 8th day. |
| 89.54 | 5.19 | .87 | 4.02 | .38 | Died on 8th day; vomiting, crying, convulsions. |
| 90.13 | 5.35 | .99 | 3.16 | .37 | Died on 13th day. |
| 87.11 | 5.40 | 3.96 | 3.19 | .34 | Vomiting and Diarrhea. |
| 87.35 | 6.42 | 3.43 | 2.48 | .32 | Vomiting and Diarrhea. |
| 89.53 | 6.50 | .81 | 2.83 | .33 | Vomiting and Diarrhea. |

The proteids are a most important element to study. Their excess gives rise to vomiting and diarrhea, and their absence retards development. The variance in proteids in the thirty-eight cases mentioned was 4.05 to 1.02, fats from 8.82 to .49, sugars 8.89 to 4.38, the specific gravity 1042 to 1024, ash .5 to .17.

The different elements, proteids, fat and sugar, affect the bowels differently, giving rise to different symptoms and conditions. An excess of proteids usually produces constipation, which may alternate with occasional diarrhea; the constipation stools are white or grayish-white, smooth and pasty or sometimes lumpy.

Generally mucus and curds are present, and the hard lumps may be covered with mucus. There is usually much flatulence and colicky pain, and the vomiting of curds is frequent. The fats give rise to loose movements of a yellow color. Sometimes they become white, smooth and formed, having a peculiar and sometimes offensive odor. Food may be regurgitated. Diarrhea arising from an excess of sugar is accompanied by colic, the stools being thin, sour and irritating. When occasioned by starches, flatulence and colic are not prominent. Diarrhea alternates with constipation, and the stools are offensive.

Keeping these results in mind, a proper formula should be begun with and the stools watched and the offending element reduced until the food agrees with the child's digestive apparatus.

This may be a long and tedious task occasionally, for more than one element or the peculiar combination of elements may occasion the trouble.

In the treatment of chronic intestinal indigestion drugs play but a minor part. If due to bowel atony, the tonics, as nux vomica, strychnia, cascara sagrada and hypophosphites, with massage and exercise, will be of service. For constipation, small doses of calomel act well upon the bowels and have a happy effect upon the stomach. Castor oil is not received well by the stomach and it predisposes to constipation. Diarrhea should never be checked, as it always increases flatulence, colic and nervous symptoms by penning up the toxic materials. Rather

purgate and irrigate thoroughly, especially the latter, if mucus is present in the stools, and administer little or no food for a time, but an abundance of water, hot or cold, preferably hot, or cold tea without sugar or cream.

In nursing infants withhold the breast for twelve hours, and then begin nursing at long intervals and but for a few minutes at a time. If due to overfeeding or too frequent feeding this will give the desired result. If still the condition continues, examine the mother's milk, and should it be found out of proportion to the normal standard, change to modified cow's milk.

In older children, stop all the carbohydrates; give animal broths and modified milk or peptonized milk. Have a specified amount of food to be given at specified times, and work up gradually to the proper diet according to the age, but eliminate starches for a long time.

Opium is sometimes given for the relief of the colic, pain, diarrhea, fretfulness and nervous irritation, but is really bad practice; it is better to relieve the intestines of the gas and irritating, undigested matter, and the symptoms will abate. As an antifermentative and nerve sedative no drug has given me better results than acetanilid, administered in small doses every two hours, always supporting the heart.

One-grain doses of salol act well in allaying fermentation, and bismuth is useful in large doses, where there is catarrhal inflammation. Of the stimulants, old brandy can be depended upon. As colic can be produced by cold feet or chill to the abdomen, heat should be kept up, preferably by a warm room and flannels, together with local applications of camphor, lard and turpentine. Camphorated oil or mustard, quinine and vaseline rubbed into the chest and axilla every four hours has an excellent tonic effect.

The hygienic treatment consists of pure air, plenty of room and sunlight, absolute cleanliness of the child, loose garments, plenty of water to drink that has been boiled, proper preparation and modification of pure, clean cow's milk, care of overfeeding and too frequent feeding, sterilization of all foods, moderate exercise and no overexcitement or taxation.

| | Holstein. | Jersey. | Bottle. |
|---|---|---|---|
| Water | 88.06 | 85.57 | 87.11 |
| Sugar | 4.33 | 4.52 | 4.36 |
| Fat | 2.88 | 5.21 | 3.75 |
| Proteids | 3.99 | 3.99 | 4.05 |
| Ash | .74 | .71 | .73 |

NOTE.—The table shows that the Jersey cows' milk as compared to the Holstein has about double the percentage in fats; yet it is a known fact that the calves of the latter are ready for market long before the calves of any other breed.

## MEDICAL EXPERT TESTIMONY.

*By George J. Preston, M.D.,*

Professor of Nervous Diseases, College of Physicians and Surgeons, Baltimore.

MUCH has been written of late upon the subject of medical expert testimony. Every few weeks in some part of the land a case is tried, and widely reported in the newspapers, in which medical expert testimony is more or less ridiculed.

That the present method is faulty goes almost without saying. The term "medical expert" has become in a measure one of reproach to the medical profession. The legal profession, to a great extent, and the public very generally, have come to regard the medical expert as a man who is willing to testify on either side for a fee. In fact, some wit has given the palm of mendacity to the doctor on the witness-stand in the classification of liars into "liars, d—— liars and medical experts." The natural result of this view is that medical expert testimony carries very little weight, and some corporations in their damage suits have practically ceased to employ it.

Is medical expert testimony necessary? Of course, in cases in which the chief question raised is a clear medico-legal one, as, for example, were the cause of death may be obscure, as in drowning or infanticide and in cases of alleged rape, poisoning and the like, medical expert testimony is unquestionably necessary. In cases in which the question of insanity has been raised it is sometimes quite possible to arrive at a correct decision from

lay testimony only. Facts laid before a court or jury may be so plain as to need no interpretation by a medical man. I could cite a prominent case in this State in which an insane man committed a most horrible murder, but his insanity was so well recognized that he was never even indicted for the murder, but was taken before the court and committed to an asylum. On the other hand, a man that I examined recently, who was charged with murder, had concocted a long, rambling story leading to the logical conclusion that he would not be held responsible. Such a condition might deceive a layman and bring him to the conclusion that the man had delusions, but an expert would not be taken in by it. Again, in cases in which testimentary capacity is called in question expert knowledge is vital, for unquestionably some insane persons are capable of making a will, and there are instances on record where such wills are upheld in court, but expert testimony must be taken to decide these nice points. Questions concerning the diagnosis of the different forms of insanity, its pathology, prognosis, etc., can be answered satisfactorily only by one possessed of special knowledge and experience in this comprehensive field.

Of late years, owing to the wide increase of rapid transit systems, our courts have become filled with suits for personal injuries. It is in this class of cases especially that expert testimony is absolutely essential, and it is in just this class that such testimony is most abused.

These cases may be divided, with exceptions, of course, into two great groups:

1. Surgical cases, in which there are objective symptoms, fracture, dislocation, etc.

2. Cases presenting only subjective symptoms and claiming disability on account of supposed injury to the brain or spinal cord.

In regard to the first class there are two questions raised, first as to the existing evidence of the injury claimed, and second as to the amount of disability caused.

It would seem at first sight that the evidence of injury to the hard or soft tissues, if such injury were severe, would always be apparent even to a layman. Such is not the case, however, for it often requires a very skilled hand to make out obscure fractures which have occurred a year or more previous to the time of the trial of the case or to decide upon the injury done to the ligaments of a joint.

The question as to the amount of disability caused by an injury is one which is often difficult to answer even for the skilled and experienced surgeon. How impossible must it be, then, for the layman to arrive at even a reasonable approximation of the injury done the claimant without the aid of the expert!

If the layman finds it difficult to judge of the effects of a gross lesion, such as a fracture, how futile must it be for him to speculate upon the consequences of purely subjective symptoms! These symptoms, as usually described on the witness-stand, are pain often localized in the back or head, numbness and tingling, partial or total loss of strength, impairment of vision or hearing, loss of memory, and concluding always with the general statement that there is absolute inability to perform the usual avocations. These symptoms are attributed to injury to the brain or spinal cord or both. Such an array of symptoms quite naturally excites the sympathy of the jury, which has no possible means of judging of their genuineness, unless the statement of an expert be accepted.

It may be said that in general the expert has no difficulty in distinguishing the true symptoms from the false. Any severe injury done to the brain or spinal cord leaves indubitable evidences behind, which, while they may not always be perfectly plain to the average medical man, are clear to the specialist who has devoted his time and attention to this class of diseases.

There are cases here and there that will puzzle the most skilled specialist, for there are malingerers that can deceive even the elect, but a competent expert should always be able to answer accurately questions relating to the nature and extent of the alleged injuries and with a reasonable amount of accuracy as to the amount of disability caused.

The foregoing considerations would

seem to affirm the first proposition, namely, that medical expert testimony is necessary.

The next question that presents itself is, why has medical expert testimony fallen into such ill-repute? The blame must rest with either the lawyer or the expert, or must be shared between them. If every lawyer and every expert were actuated only by the desire to establish the truth, then there would be no ground of complaint, but it may be said that in this event we would have the millennium upon us and no law suits. To begin with the lawyer: He feels it his duty, or at least his right, to handle his evidence for the best advantage of his client. He goes over the case, of course, beforehand with his own medical witness, and between them an agreement is reached as to questions and answers. Questions that the medical expert could not conscientiously answer to suit the case are skilfully avoided. The lawyer almost compels the medical witness to infringe upon at least one part of the oath in that the whole truth as the witness may know it is not told.

If the case be a little shady the lawyer is apt to employ a doctor who is also shady. This applies, of course, to the lower stratum of the bar and likewise the lowest-class doctor. But as the millennium is not as yet in active operation, as long as there are lawyers and doctors so long will it be easy to get men upon the stand and question them in such a way that the truth is, to say the least, greatly dislocated. Even good lawyers will, on cross-examination, so badger the medical witness that he will say many things that he never would have said in cold blood. In one way or another the medical testimony is usually so distorted and diluted by irrelevant matter that it becomes meaningless to the jury.

The doctor is no less reprehensible than the lawyer. Perhaps the most common error the medical witness makes is in posing as an expert when he has no claim to this distinction. He may be a most excellent general practitioner, but when he is required to answer questions that involve a high degree of special knowledge he is apt to make sad blunders. As illustrations I might mention two instances that recently occurred in my own experience. A medical man, not an expert, was testifying concerning an alleged case of insanity, and upon being asked what "cephalalgia" was, gave it as his opinion that it was a form of mental disease. Another non-expert medical witness, after having testified to the fact that a man had nystagmus, was forced by the counsel to admit that he did not know just what this term meant. In the larger cities it is, of course, always possible to obtain competent specialists, and in small places the medical man need not claim to be an expert if he is not. The medical expert is apt to forget that he is not an attorney. After a certain amount of badgering, for Sergeant Buz Fuz is still with us, the medical man will often begin to evade questions which would injure his "side" and to answer grudgingly questions which he should answer without hesitation. Then, too, he inclines to the trick of hiding behind technicalities.

No man is fitted for a medical expert if he is not able to express himself in simple, untechnical language that can be comprehended by the average layman. Then, to the shame of the medical profession be it said, there are doctors who will unquestionably testify as the counsel directs. In a case not long ago a so-called medical expert told the jury that the occipital protuberance, which was perfectly normal, was the result of an injury, and in this same case put the claimant in a position in which his right shoulder was very much drooped, and when his attention was called to the fact that the injury was supposed to have been on the other side, deliberately, and in view of the jury, made the boy elevate the right shoulder and droop the left.

Thus it is clear that both lawyer and doctor are responsible for the lamentable state into which expert medical testimony has fallen.

Having discussed thus briefly the necessity for medical expert testimony and the causes that have conspired to discredit it, it remains to suggest some remedy.

In the first place, the expert should be

a man who, from his knowledge and experience, is qualified to give an opinion in the case in question. This expert should be summoned by the court. The average jury in a large city is entirely unable to discriminate between the members of the medical profession. Dr. A. and Dr. B. may have equal weight in the eyes of the jury, when, as a matter of fact, one may be an honor to his profession, the other a dishonor. The court, however, is in a position to know, or could easily obtain, this information, who are the experts in different branches of medicine and surgery, and while this is conferring great powers on the court, it is hard to believe that any advantage would ever be taken of it.

Provision could be made for the summoning of two experts in cases of doubt, and, in the event of their disagreement, a third. These experts could either be examined by the court, as I believe is done to some extent by the English courts, or by the counsel of each side. The fees, which need not be as large as are often charged by experts under the present system, could go into the costs of the case.

Under this system it would soon come to be deemed a high honor to a medical man to be called as an expert. These suggestions are offered with hesitancy and with the full consciousness that it is outside the province of a medical man to advise changes in the laws. At the same time they are offered in the hope of awakening an interest which, if thoroughly aroused, would reform the whole method of medical expert testimony, which, as it exists at present, is a discredit to two professions.

---

Lupus Treated by Calomel Injections.—The treatment of lupus by calomel injections has proved very successful in the hands of Dubois-Havenith and Asselbergs, who report in the American Journal of the Medical Sciences a series of fourteen cases, in which several recovered entirely and many were decidedly improved. The effects of this treatment was most marked when first used and grew weaker as the number of the injections was increased.

# THE MODERN TEACHING OF MEDICINE.

*By Joseph T. Smith, M.D.,*

Professor of Materia Medica, Woman's Medical College, Baltimore.

AN ADDRESS BEFORE THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE ON COLLEGE DAY, FEBRUARY 24, 1898.

Few subjects are more appropriate for presentation to you on this college day and few are more difficult than that which has been assigned me by your committee—"The Modern Teaching of Medicine." All that I can hope to do is to direct your thoughts to a few considerations which have impressed me.

At the threshold we are forcibly impressed with the vastness of our subject. We can well appreciate the cry of the new student as he opens the door and looks for the first time upon the storehouse of knowledge: "Oh, how can I ever master all this!" One of the most eminent and experienced educators in this country recently said you take a boy of five years and practically say to him, in twenty years you are to become possessed of the accumulated wisdom of the centuries and after that you must add to the world's wisdom. Such is human progress.

The first consideration that is pressing itself upon our attention with ever-increasing force is, how, within the compass of a student's life, we can put him or her in possession of such knowledge as shall be of the greatest service? We all agree that the full measure of knowledge cannot be attained; we must adopt some method of elimination. Here it is that differences of opinion arise, and the answers to the questions what shall be eliminated and how, are not yet returned to our satisfaction. As each life ought to be a continuous whole, the young man or woman should early decide upon his or her vocation. The best training is that which is begun early.

Mr. John W. Garrett once remarked that he wanted a young man for training in business not older than sixteen; the sooner his energies were bent in the direction of his calling the better his opportunities of success. This is not a new

idea, and yet how many times it is disregarded, not only to the disadvantage of the student, but the helping on of a backward student means more or less interference with the progress of his college. If a student as early as possible, say at sixteen, should decide to follow the profession of medicine, he would learn Latin and Greek and do away with their study in the medical school, where they consume much valuable time; he would follow the scientific course now provided in our universities and have his mind trained in scientific methods, in addition to practical laboratory work. It is a matter well worth considering whether botany, biology and much of the laboratory work in connection with histology and possibly chemistry should not be abolished from our medical schools, in order that the time now spent on such subjects might be given to studies having a more immediate bearing upon disease and its treatment. This condition of things cannot prevail in every case, nor perhaps in the majority; we are obliged to receive those who are not so well equipped as we could wish. All such could, with advantage to the medical schools, be referred to the universities for preliminary training.

Another subject worthy of consideration in this connection is, should all students be made to pass through the same gate? I think it was Professor Michael Foster, the distinguished physiologist, who said in an address before one of the societies of the Johns Hopkins University that he had long thought it a mistake to compel all students to follow the same line of work throughout the whole of their course, and that at Cambridge, after much discussion, arrangements had been made for a student, under special conditions, to follow his peculiar inclinations. Thus a young man who showed a special aptitude in any direction was allowed to shape his course and direct his studies so as fully to develop the talents that were in him. We see the beginning of such a system in the comparatively recent choice allowed students at Princeton and elsewhere to follow either a scientific or literary course, whereas formerly all were required to keep in one beaten path.

Certain fundamental principles must be acquired in whatever direction a student's taste may subsequently lead him. In the school of medicine, anatomy, physiology, materia medica, therapeutics and chemistry (if taught), together with the necessary laboratory work, must be mastered early in the first and second years' course of study, the third and fourth years being given to a study of disease and its treatment, with, in carefully-selected cases, much freedom allowed the student as to the time and attention he shall give to each.

Thus, if he exhibits special aptness in surgical manipulations and manifests unusual interest in the subject, let time be given him for the pursuit of surgery; do not require of him an equally high average in all his work; judge him largely by his special merit and skill. I am fully aware of the difficulties here, but I think I have sufficiently indicated what is meant, and the signs of the times point to a more complete realization of the idea. It seems as if we might go a step further, though not without fear of contradiction, and say that the student who showed a special aptitude for work in the histological, bacteriological and pathological laboratories should not graduate as a physician. Is there not work enough to be done in those fields and knowledge enough to be acquired to occupy all the time and energy of those who labor there?

Having decided to teach only such subjects as have an immediate bearing upon the healing of the sick, how shall they be taught?

The second consideration is the method of teaching. Even the most superficial observer will note radical changes in the methods of teaching medicine within the past thirty years, and these changes have consisted, for the most part, in a more practical presentation of medical truths, the laboratory work, but especially the bedside clinic. Ward classes have attained a high place in our regard, and the good results which have been obtained prove the new methods to possess great value. It would seem, however, as if more value might attach to them by their more rigid

enforcement. Allow the students of the first and second years to have nothing to do with the sick, but let that time be exclusively devoted to the study of the fundamental branches already noted, and to work in the laboratories; such will then be in a position to give an unreserved and intelligent attention to disease and its treatment in the third and fourth years.

We have not yet practically answered the question who shall make up our teaching corps; appoint the best men; all will answer, but the difficulty is, how shall such be secured? As at present conducted, most of the schools have their teaching corps composed of men, many of whom are trying to do two things, to secure a practice and instruct in a branch which gives them no reputation as physicians or surgeons, with the result that more and more attention is devoted to practice as larger returns, financial and otherwise, are obtained, and less and less to study in their special branch.

The *Journal of the American Medical Association* for December 25, 1897, says editorially:

"Chemistry, physics, biology, physiology, anatomy, microscopy, histology, pathology, bacteriology and materia medica are capable of being taught in the classroom and laboratory without the aid of the living subject.

"These branches of science, so virtually necessary to the practice of medicine, should be taught by men thoroughly trained and competent, and as this requires time for which no recompense is to be had out of practice, and as the knowledge cannot be acquired in practice as other specialists, such chairs should pay their occupants sufficiently well to permit them to give most of their time to the study * * * .

"Medical schools in our country are too much concerned about the practice of medicine and too little about the science. The laboratories, instead of being relegated to young men who regard them merely as stepping-stones to some clinical position, should be in the hands of well-paid specialists who will aim to make the subject interesting and complete, so that the student will not shirk them as disagreeable tasks to be gone through with as superficially as possible.

"There will be no difficulty in filling the practical chairs without pay if it is generally understood that a consulting practice comes through the collegiate position, and the money so saved should be used to strengthen the other side of the school."

Our subjects having been selected, and the methods of teaching having been determined upon, whom shall we admit to the privileges of our school?

The third consideration is, what education shall a student possess before we can receive him? All are agreed that a student should come possessed of a diploma from a recognized college or university; this is not, however, always possible. Men and women come to us not as well educated as they should be, but who will do good service in a neighborhood where there is but little refinement, culture or education. This state of things is happily growing less frequent, but it exists, and it is a serious question whether, under careful restrictions, provision should not be made for those not as highly educated as the strict sense of what ought to be would require.

An eminent teacher in a medical school once said to me that the only fear he had in regard to the institution with which he was connected was that they would educate their pupils so highly that the world would find their graduates of little value. There is a danger in that direction. While we are striving to advance, it is no less needful that we study the time and place in which we live, and take care that too great a strain is not put upon what we are pleased to term education.

The fourth and last consideration is, how shall the fitness of a student for graduation be determined, and who shall give him power to engage in the practice of medicine? These are the most vital and interesting questions of the day, and we are actively engaged in trying to answer them.

Who shall determine the student's fitness? Those concerned in teaching would seem to be the proper ones; they

know more fully what should be required than those not so concerned. The former are more likely to discover what the student knows of modern belief and practice, and the questions asked by the former are more likely to be real and vital, while those asked by the latter are less likely to be in touch with the student's work or else they tend too strongly towards individual experience. The call, however, does not seem to be so much for reform in this direction, that is in regard to those who shall conduct the examinations, as in regard to those who shall give the student power to practice.

One word concerning the final examinations. Are final examinations the best way of determining a student's ability? In so far as the practice of a thing is an indication of its value, we must believe that the final examination is our best method, but is there not room for doubt? Could we not accomplish more for the student, and would not his teachers know more concerning him by frequent examinations and periodical reviews? That these are not idle questions, but that they are being seriously considered, is seen in our public schools, where, in not a few instances, the final examination is done away with and the scholar is advanced upon recommendation of his teachers. Is the subject not worth serious consideration? Would it not relieve our students of much needless anxiety in preparing for the final, a work which so often takes his mind off of very important matters in the course of his daily study?

The conferring of power has always been a perplexing problem in all departments of human activity, and the medical profession has and is now having its full share of the difficulty. The government has no problem that vexes it more sorely; civil service rules and the many other methods tried show only too clearly that no plan yet devised has been able to secure for us always the best man for the place.

If no medical college were granted a charter unless it could show satisfactory reasons for its existence, unless it was able to comply with certain standard requirements in regard to equipment, course of study, etc., unless it had a fixed minimum income and unless it was subjected to an investigation from time to time to see that it was making progress, and that it kept up fully to its charter requirements, then we might have colleges upon which all could rely, and who would graduate men fitted for their work without anything further being demanded of them. We are not living under such a system. As at present conducted it seems necessary that some power outside the college shall confirm or reject the work done in it.

The method most largely adopted is that of State Examining Boards, whose organizations and limitation of powers differ in the different States. This, as are all new things, is open to criticism, and it has received its full share, many grave defects are found in it, most of which will doubtless be corrected in time if the results are otherwise satisfactory. As the plan of examining boards is now on trial, it would not be fair to discuss it here, owing to lack of time. The greatest difficulties thus far encountered have been the selection of the examiners and the subjection of the students to much taxing work.

Time will not permit even of a review of these; the former is being freely discussed, as note the editorial in the *Medical Record* for January 8, 1898, the latter we shall say a word concerning in defence of the student. As matters are now arranged the last six months of a student's life are marred by the mental and physical unrest caused by his dread of the final examination at the college and a repetition of it before one or possibly more State Boards. This last period of a student's life should be most restful mentally if he is to take full advantage of the work that lies before him. In addition to this, the student and the public look to the school of graduation. One of the greatest pleasures and a strong incentive to the student in after life, as well at the college, is the fact that he has graduated from the school of his choice. A man takes a just pride in signing himself A. B. or A. M. Oxford or Princeton.

A student in one of our best medical colleges recently told me that he had made sacrifices to go there in order that he might secure the influence and advantages which its diploma could confer. The problem would seem to be how to allow the colleges to continue, and at the same time prevent the unfit from taking rank with the fit. The recent troubles between the colleges and our Maryland State Board is only one of many which must occur.

The State Board plan is now on trial, and we should give it every opportunity of success and await the result. We can hardly think the colleges will ever be willing to surrender their power of determining the fitness of their students to practice, and if they do not the student and the young graduate will demand some change in the excessive examinations to which they will be subjected.

We may sum up what we have said in a review of some few points of an extensive subject as follows:

1. The modern teaching of medicine means limitations in the field of work, and the teaching only of those subjects which are of most value to the student.

2. The methods adopted tend to practice rather than theory; tend to give the student a good foundation upon which he may build a superstructure of a knowledge of disease and its treatment.

3. A discrimination as to those who shall receive the benefits of the teaching.

4. The attempt is being made to secure a satisfactory method of determining the fitness of those who are to go forth as practitioners.

Many difficult problems still confront us in our present methods of medical instruction, and we are bravely endeavoring to develop the good and correct the evil. We believe with the optimist that we are tending strongly in the direction of the good.

---

The Treatment of Exophthalmic Goiter.—Several members of the French Surgical Congress have advocated section of the cervical sympathetic nerve for the cure of exophthalmic goiter, and they claim that this treatment made extirpation of ganglia entirely needless.

## Correspondence.

### MEDICAL PRACTICE ACT.

University of Maryland,
faculty of physic,
Baltimore, March 17, 1898.

*Editor of the Maryland Medical Journal:*

Dear Sir—In reply to yours of March 8, I would say that I have written very fully concerning the attitude of the University of Maryland towards the Scudder bill to the executive committee of the Medical and Chirurgical Faculty and also to the State Board of Medical Examiners. The attitude of the faculty of the University of Maryland, individually and collectively, is one of opposition. My letter to the executive committee of the Faculty was read before the legislative committee at Annapolis.

Yours very truly,
C. W. Mitchell, M.D., Dean.

---

Woman's Medical College of
Baltimore, March 16, 1898.

*Editor of the Maryland Medical Journal:*

Dear Sir—Your communication addressed to the "Dean" of this college was delivered to me as the executive officer of the institution, the deanship having been abolished a year ago. I regret that I cannot give you the opinion of our faculty, or of its individual members, upon Dr. Scudder's bill, as the subject has not been considered at our meetings, and we have had no meeting since the receipt of yours. I shall be glad to bring your letter before the board, however, and will thereafter transmit such reply as I am directed to send you. You are doubtless aware that our college, though invited, declined to join the medical schools in their criticism and opposition to the State Examining Board. So far as I have been able to learn the sentiments of the trustees and faculty, I do not think that they desire any change in the conduct of the board. Speaking only for myself, it appears to me essential that the board should be entirely independent of the influence of the colleges, and that the day they get control of it its usefulness will have vanished. Further, if the feature of Dr. Scudder's proposed bill exempting

graduates of the colleges from a State examination be adopted, the law will thereby be rendered null and void. I deprecate meddling with the present law, which I believe has already accomplished great good and is capable of still greater good in the future. As for the present members of the Board of Medical Examiners, I wish to express here my perfect confidence in their capacity and integrity.

Yours very truly,
EUGENE F. CORDELL, M.D.,
Secretary.

## Medical Progress.

THE PATHOLOGICAL IMPULSE TO DRINK—ALCOHOL AS A SECONDARY FACTOR IN DIPSOMANIA.—In the February and March numbers of Medicine Dr. William Lee Howard, of Baltimore, gives the result of his study and investigations of the unfortunate individuals suffering from a pathological impulse to drink, regardless of all effects or results—an impulse considered by many alienists as a periodical insanity. The primary condition of the dipsomaniac is not caused by alcohol. The starting point is a pathological one; the impulse, the insatiate desire to drink, is due to this pathological obsession—this paroxyism which has come over an otherwise lucid mind. Too great importance has been attached to the alcohol habit in connection with dipsomania. Alcoholism never leads to dipsomania, although alcoholism and pseudo-dipsomania are allied, and the error has arisen in confounding the latter with dipsomania. The line between the drunkard and the pseudo-dipsomaniac is not an incised one, the conditions being those of correlation. The pseudo-dipsomaniac is an intermittent drunkard. He will drink to excess whenever an opportunity offers, and at no time does he have that repugnance for or fear of alcohol which possesses the dipsomaniac during his lucid intervals.

The pseudo-dipsomaniac will enjoy an opportunity to drink to excess, but ceases with the opportunity. The dipsomaniac knows no halt, no restriction; he must, he will, he does succumb to the impulse to drink to the extent of causing total oblivion of all honor, respect and fealty due himself, and all duties, obligations and responsibilities due others.

Whether we consider this hyperkinesia as a periodical insanity or as a latent unstable equilibrium of the cells of the cortex, aroused by peculiar environment, fatigue or by one of the numerous rhythms which are continually taking place in the central nervous system, or as it sometimes is, due to autointoxication, the effects and ultimate results vary but little. Dipsomania is a symptom of defective inhibition. As the majority of individuals suffering from dipsomania are those who live at a high nervous and mental pressure—physicians, lawyers, litterateurs and business men—exhaustion of nervous energy is frequent and often continuous, and the reserve brain power is soon used up.

Exhaustion of nervous energy always lessens the inhibition. Howard considers the pathological condition of the cells analogous to the hypothetical pathology of hysteria. The protoplasm of the cells of the cortex becomes used up by continuous work without the necessary rest needed for recuperation, and while in this vacuolated state they are unable to function their parts; a small amount of alcohol rapidly cuts the higher centers off from the lower, and the result is a disorganized condition of the general nervous system, in which the inhibitory power is lost, normal volitional potentialties are reduced to mere atoms and impulsive acts directed by the stimulation of the lower centers. Impulsive acts in their ontogenetic relations are traced out by Howard. The articles are the most thorough that have been seen in the English language.

* * *

THE MEDICAL EXAMINING BOARD OF MARYLAND.—The last published report of the Medical Examining Board has been widely noticed in current medical literature. In the February number of the Bulletin of the American Academy of Medicine an editorial comment of over three pages concludes as follows:

"The path of the boards of medical examiners is not strewn exclusively with roses; the having of members of the

teaching faculties on the board would have added greatly to the difficulty and caused new dangers. On the other hand, it is difficult to understand how a man apparently well-trained and able to pass an examination, fails without reason. This is a hardship to the individual and causes an unfair reflection upon the college, and it is easy to see how the faculties are desirous to obviate such results. While their knowledge of the condition is accurate, possibly their diagnosis is incorrect and their suggestion for treatment unwise. The assertion is hazarded that none of the thirty-seven who failed were possessed of the proper preliminary requirements to enter upon the study of medicine. Some who were dropped for violating their pledge may have had, but the assertion refers only to those who failed to pass. Had the candidates been trained to study before entering upon the study of medicine, the same course given by the various able faculties of the Baltimore medical schools would have secured the possession of an amount of clearly-defined medical knowledge to have enabled them to pass the examination easily, even if the questions were archaic enough to have been preserved through the Noachian Deluge. The fault does not lie in the teaching of the Maryland medical colleges, but in the preparation of the men they seem to think it is imperative to accept.

"At the same time the board is to be congratulated for their courage. Had these men of dishonor, and the others whose papers did not come up to the standard, been students in colleges in other States, the task would have been an easier one. That they were willing to do right, despite the consequences and the apparent reflection upon medical instruction in their State, speaks well for their probity. The Medical and Chirurgical Faculty are honored by such a board, and did right in sustaining them; and when the colleges can see the question impersonally, they will rejoice in their defeat more than they would have done in a victory."

* * *

Adonis Vernalis in Epilepsy.—Tekutiew (British Medical Journal) recorded the case of a boy, aged ten years, who had suffered from severe epilepsy for two years. The fits occurred fifteen to twenty times a day, and there was commencing mental degeneration. A mixture of infusion of adonis vernalis with some codeine and sodium bromide was given, and the dose of adonis vernalis subsequently increased. The result was most successful; the attacks of epilepsy gradually diminished, and before the patient left the hospital had ceased altogether. The treatment by adonis vernalis was strongly recommended by Bechterew, who combined it with bromides, and found that some cases of epilepsy seemed to be permanently cured by it.

* * *

Treatment of Consumption.—At the Loomis Sanitarium for the treatment of consumption Dr. J. Edward Stubbert, who is surgeon in charge, tells in the Philadelphia Medical Journal what drugs he used and about what their effects are. Guaiacol he found too expensive to use extensively. Guaiacol valerianate is also expensive, and while less irritating to the stomach than creosote, it is still not always well borne. Ichthyol in keratin-coated pills was especially serviceable in intestinal tuberculosis. Oil of cinnamon was used in a few cases with no deductions. Hot-air inhalations have been used with great success in diminishing the cough and expectoration. The treatment with United States Government serum was rather encouraging.

* * *

The Prevention of Iodoform Intoxication.—Sasse recommends in the Therapeutic Gazette the following means of demonstrating in time a threatened iodoform intoxication, a condition which is not rare in surgical and gynecological practice. A test is made of the urine to note the quantity of iodine which is eliminated by it. A small pinch of powdered calomel is placed upon a saucer, and then a few drops of the urine to be examined is dropped upon it; a mixture of the urine and calomel is then made with a glass rod. If the urine contains a notable amount of iodine there is produced a well-marked yellow discoloration, which should indicate that the iodoform is being absorbed in sufficient quantity to produce danger.

MARYLAND

# Medical * Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, MARCH 26, 1898

**American Medical Association.**

THE announcement of the coming meeting of the American Medical Association at Denver has been sent out, and the committee of arrangements states that preparations for this meeting are well advanced, and a large number of prominent men have signified their intention to be present and read papers. The indications all point to a large and successful meeting. The most elaborate plans have been made for the entertainment of the families and friends of the delegates, and the amusements will form no small part of the careful arrangements.

While this great association is not as select as some smaller bodies, it is a national organization which should include all physicians in regular standing in the United States, for at these annual meetings much excellent work is done and the interests of the medical profession are materially advanced.

The city selected this year, Denver, is one that has many and varied attractions, and is of especial interest to physicians as one of the large centers where physicians with cured or arrested tuberculosis can live in comfort. This consumptive haven gathers men of all professions and other callings, and is celebrated as being one of the few large cities where the consumptive can live and thrive almost forgetful of his ailment.

It has been reported that the hotels of Denver are already beginning to put up the prices of their rooms, and will insist on crowding two in each room in the hotels. The prospectus issued by the association shows a list of nineteen hotels, from the most sumptuous to the smallest inn, and the prices do not seem to be very high. There will undoubtedly be reduced railroad rates both east and west of the Ohio river, and at the time of this meeting, early in June, the combination of low rates with pleasant weather will make a trip to Denver very attractive. The columns of the *Journal of the American Medical Association* will from week to week contain particulars of the coming meeting.

* * *

**Expert Testimony.**

IF there is need of reform in any branch of medicine it is in the usual manner of offering expert testimony and the selection of the so-called experts. This subject is very clearly set forth by Dr. Preston in this issue, and it was rather remarkable that such a paper should have been passed by at the Clinical Society without discussion.

If there is one characteristic more than another about these witnesses it is that, as a rule, they are not expert. As is shown, the physician is selected not for his ability and especial knowledge, but is taken at random from the profession, and is first instructed by the attorney by whom he is employed as to what questions will be put and what answers will be required, and then counsel for the other side will do his best not to find out the value of such testimony, but to so browbeat and puzzle the poor doctor that he too often contradicts himself, and thus the whole manner of giving expert testimony is reduced to the merest farce.

New York has a new law by which the selection of skilled witnesses is left to the court, and counsel has no power to take any physician and rehearse the details before the trial. It is high time in every State that the medical expert witness was raised a little above the level of an ordinary witness. He should be an honor to the profession which stands so high.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 19, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | .. | 33 |
| Phthisis Pulmonalis | .. | 31 |
| Measles | 73 | 1 |
| Whooping Cough | 4 | 2 |
| Pseudo-Membranous Croup and Diphtheria | 24 | 3 |
| Mumps | 2 | .. |
| Scarlet Fever | 11 | 3 |
| Varioloid | .. | .. |
| Varicella | 2 | . |
| Typhoid Fever | 1 | 6 |

Dr. W. S. Playfair of King's College, having reached the age limit, has retired.

Drs. Spear and Brace are making a strong contest for the position of county physician at Cumberland.

Political feeling has run so high at the Vienna University that the session has been declared closed.

After a three months' trance, the *Medical and Surgical Reporter* of Philadelphia has appeared in a larger form.

The books of the New York Hospital Medical Library have been transferred to the Academy of Medicine.

Dr. T. C. Allbutt of Cambridge University, England, will this year deliver the Lane course of medical lectures at the Cooper Medical College at San Francisco.

A physician in New York was arrested recently for carelessness in prescribing, which resulted in the death of a child. The charge was manslaughter in the second degree.

Prof. R. H. Chittenden of Yale has accepted the chair of physiological chemistry at the College of Physicians and Surgeons at New York, but will endeavor to retain his place at Yale also.

The London *Lancet* states that the University of Aberdeen, Scotland, proposes to confer the honorary degree of LL.D. on Dr. William Osler, M.D., F.R.C.P. Lond., Professor of Medicine in the Johns Hopkins University, Baltimore, U. S. A.

The Cuvier Prize of the Academy of Sciences, Paris, 1500 francs ($300) in value, has been awarded to Professor Marsh of Yale University. This prize is awarded every three years for the most noteworthy work published during that period on geology or zoology.

The chair of diseases of the eye, ear and throat at the Medical College of Virginia, made vacant by the death of Prof. Charles M. Shields, will be filled at the annual meeting of the board of visitors of the college April 21. All applications, accompanied by credentials, should be forwarded to Christopher Tompkins, M.D., Dean, Richmond, Va.

The annual meeting of the Medical and Chirurgical Faculty will be held in Baltimore, at the Faculty Hall, on Tuesday, Wednesday, Thursday and Friday, April 26 to 29, inclusive. Dr. W. T. Councilman of Boston will deliver the annual address. Physicians desiring to read papers before the Society should send the titles to the chairman of the programme committee, Dr. J. Williams Lord, 345 North Charles street, on or before the 15th of April. Papers must be limited to fifteen minutes. Physicians will also please send to Dr. Lord their names and addresses, so that they may appear correctly in the transactions of the Society.

The German branch committee of the International Congress of Hygiene and Demography, which will meet in Madrid from April 10 to 17, has recently been formed. Besides a great number of hygienists, statisticians, sanitary engineers, etc., the following prominent medical men have been elected members of the committee: Dr. Pistor of the Royal Prussian Government medical department; Dr. von Coler, general staff surgeon of the army; Professor Baginsky; Professor Günther; Professor Guttstadt; Dr. Köhler, president of the Imperial Health Office; Professor Lassar; Dr. Strassman, and Dr. Wehmer, chief medical officer to the Berlin police. All the foregoing are members of the profession in Berlin. The committee will also include Dr. von Esmarch of Königsberg, Dr. C. Fränkel of Halle, Dr. Loeffler of Greifswald, Dr. Wolffhügel of Göttingen, Dr. Aub and Dr. Buchner of Munich, Dr. Gaffky of Giessen, Dr. Reineke, chief medical officer to the town of Hamburg, and many others. The congress will no doubt be attended by a large number of German hygienists and medical men.

## Washington Notes.

Dr. D. W. Prentiss, who has been confined to the house for more than two months, has again resumed his practice.

A twenty-pound molluscum fibrosum was removed from the back of a young white man at Freedmen's Hospital last week. The tumor was of seven years' growth.

Of the 107 deaths in the District during the past week thirty-six were due to acute lung diseases, one to grippe and one to diphtheria. There are thirty-six cases of diphtheria and sixty-seven of scarlet fever under treatment.

A bill for the establishment of an inebriate asylum in the District of Columbia has been introduced in the Senate by Mr. McMillan. The bill provides that the superintendent of this asylum shall treat all persons committed to him by the police court of the District of Columbia, or by voluntary request of the party to be committed.

Civil-service examination for the position of interne in Freedmen's Hospital will be held April 25. The examination consists of letter-writing, anatomy, physiology, chemistry, materia medica, therapeutics, pathology, theory and practice of medicine, surgery, medical jurisprudence, toxicology and hygiene, obstetrics and gynecology.

A bill introduced into the Senate by Mr. Cockrell provided for an appropriation of $3000 for an investigation to be made by the Marine Hospital Service of the source of contamination of rivers and other natural sources of water supply where the sanitary condition of the people of more than one State or Territory or the District of Columbia is affected or threatened to be affected by such pollution. The Marine Hospital Service is then to report upon what legislation is necessary to remove or prevent such pollution. The bill provides that the first investigation shall relate to the Potomac river.

## Book Reviews.

Orthopedic Surgery. By James E. Moore, M. D., Professor of Orthopedia, and of Clinical Surgery in the College of Medicine of the University of Minnesota, etc., Minneapolis, Minnesota. W. B. Saunders, Philadelphia, 1898.

This work covers rather thoroughly the field of orthopedic surgery, and the author does not pretend, as he states in the preface, to go into detail about every method of treatment that has been employed, but confines himself to the simplest and those means which have proved satisfactory in his hands. Nor does he go into the literature as to the pathology, rather confining himself to the general outlines of this part of his considerations, and striving to furnish a brief, comprehensive text-book and aid to diagnosis for students and general practitioners.

If the book has a fault it is in brevity when viewed from the standpoint of the student, as in several instances he would not be able to treat the disease thoroughly in question from the written description, nor equip himself as a specialist in this branch of surgery. It is well gotten up, has good paper, and 177 excellent illustrations in its 344 pages. The author most happily takes that modern middle ground, which is that held by the majority of progressive orthopedic surgeons, that they should cut when necessary and apply braces when necessary. The writer goes on to explain that often the failures of general surgeons are to be attributed to their neglect in orthopedic cases of the after-treatment by proper braces, and the so-called "orthopedists" have been blamed for their so-called "conservatism," when by simple operations, with our knowledge of modern surgical technique, much time and suffering might be obviated.

The writer goes to the extreme of brevity in his definition of orthopedic surgery, which has been so much mooted of late, as to its definition and scope. He simply states that it comprises the prevention and correction of deformity without the fuller statement that it treats of the nature and cause, correction and prevention of deformities, chiefly of the bony framework and articulations, by mechanical or surgical means or both. The section on the remarkable growth of orthopedic surgery in America is excellent. He also shows how, owing to the advances made in the treatment of deformity, the specialty has grown, so that now all the leading universities include a chair of orthopedic surgery. His historical notes on orthopedic surgery and surgeons are brief. The stress laid on the importance of early diagnosis of diseases leading to deformity is well taken, as rendering cure more nearly possible, and is a point that should be more frequently borne in mind by general practitioners. In giving the prognosis in general of deformity he shows the modern methods to be much more favorable than is generally supposed.

The prophylaxis of deformity is often overlooked, and the writer calls attention to this error.

In the general mechanical treatment plaster of Paris is recommended as an easily-obtained means for the various ends in view, and the detailed instructions with regard to its application are given. In the chapter on Scoliosis, under Prognosis, the writer gives a most gloomy outlook, and under Treatment he contradicts this. The section on the treatment dwells more on "Posture and Exercise" than on "Forcible Correction," which means so much to many advanced cases, and the writer's experience is against jackets and braces as adjuvants to the gymnatic treatment, disagreeing with those orthopedic surgeons who hold that the case should be kept from assuming faulty attitudes when out of the surgeon's sight and when not exercising. The writer dwells on Pott's disease much more fully, and it is to be regretted his book went to press before Calot's operation could be described, and the remarkable results, which promise so much, recorded. The writer believes in non-interference in tubercular abscesses, as many are absorbed, and only those are to be opened which interfere with some bodily function. In this the majority of orthopedists concur. In the chapter on Infantile Spinal Paralysis one cannot understand, with the lesion in the cord, and as a rule hyperesthesia present, why the writer should advocate that "at the outset of the paralysis the limbs should be moved."

All orthopedists concur in supporting braces for these paralytic cases as a prophylactic or post-operative point in the treatment of the first importance. Many of the braces described for deformed feet are complex, but perhaps the least complicated are impossibilities to the uninitiated. "Stop-joints" for equinus and calcaneus offer such simple means for post-operative treatment, and the springs and rubber straps described have by the majority been tried and found unsatisfactory. The writer touches but slightly upon Whitman's valuable monograph on the treatment of talipes valgus, more especially as to "normal weight bearing," "gait," exercises, etc., and leaves the *sine qua non* of most of the reliable results in it, and nearly all deformities of the feet, a normal shoe, to the chapter on Hallux Valgus. By a typographical error "solar flexed," under Hammer Toe, is used for "plantar flexed." Under "weak ankles" in children nothing is said about proper shoes for them, and raising the sole on the inner side. The writer's experience coincides with the majority of those who have the medical and surgical care of children (and this point cannot be too often emphasized), when in his chapter on Rickets he says: "Children raised upon condensed milk and the various patent foods are very likely to develop rickets." In the chapter on Bow-legs the writer refers to green stick fracture after osteoclasis, but Bradford's findings are against this, for the latter stated, after numerous cases operated on and experiments on cadavera, that the fracture was linear, and only in dried bones was there any splintering after osteoclasis.

The writer's description of the simple forms of synovitis and arthritis in a work on orthopedic surgery seems out of place, except under differential diagnosis, as one would naturally consult some general surgery or medicine for these. In coxa vara is there not limitation of motion in abduction? The chapter on Tubercular Arthritis is most thorough and interesting; he, however, does not refer to caries necrotica as differentiated from caries sicca. The author's exposition of hip disease and tumor albus are well covered and to the point, but many differ with him in regard to traction being superior to fixation in the ambulatory treatment of hip disease, and traction in the line of deformity in recumbency with some means of fixation (viz., Bradford frame, etc.) In his treatment of tubercular joints by fixation with plaster bandages his caution in regard to having the bandage extend as far as possible on either side of the diseased joint is good, as it is often lost sight of, and the bandage is so short it does not immobilize the joint. His treatment of ankylosis is thorough and to the point, with the exception he makes no reference to high heating with dry air, which is now found so useful in fibrous ankylosis, as well as in old rheumatic joints, flat foot, etc.

It is to be regretted that the author did not give Hoffa's operation for congenital dislocation of the hip more in detail, which was made so clear by Bradford's paper before the Congress last May. On the whole, the book will be useful for its simplicity as a text-book for medical students, and the author and publisher are to be congratulated on its general merit, attractive appearance, excellent paper, and illustrations.

## Medical Meetings.

| APRIL | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | .. | .. | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| .. | .. | .. | .. | .. | .. | .. |

| MAY | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | .. | .. | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

| JUNE | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

**The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.**

## National Associations.

### April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

### May.

ASSOCIATION OF AMERICAN PHYSICIANS. Washington, D. C., May 10, 11 and 12, 1898. F. C. SHATTUCKS, M. D., President, Boston, Mass. HENRY HUN, M. D., Secretary, Albany, N. Y.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN NEUROLOGICAL ASSOCIATION. New York, May 26, 27 and 28, 1898. M. ALLEN STARR, M. D., President, New York City. F. X. DERCUM, M. D., Secretary, Philadelphia.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May —, 1898. THOS. R. FRENCH, M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

### June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

### July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary. 26 Pratt St., Hartford, Conn.

## State Societies.

### April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

### May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page* xvi.)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 25. BALTIMORE, APRIL 2, 1898. Whole No. 888

## Original Articles.

# SOME POINTS IN REGARD TO THE DIAGNOSIS AND TREATMENT OF HEART DISEASE.

*By Frederick A. Packard, M.D.,*
Philadelphia.

READ BEFORE THE LEBANON COUNTY (PA.) MEDICAL SOCIETY.

The subject of the diagnosis and treatment of heart disease is so large and so important, and so many points are worthy of prolonged discussion, that it would be impossible to condense into one paper of reasonable length more than a few points in regard to it. In what follows, therefore, merely some thoughts and opinions in relation to the diagnosis and treatment of diseases of the heart will be alluded to, much of the ground being either entirely ignored or briefly mentioned.

In connection with both the diagnosis and treatment of cardiac disease there are two considerations concerning the physiology of the circulation which are important and to which, to my mind, too little attention is paid. It is certain that in many discussions upon cardiac therapeutics and diagnosis pathological anatomy is too prominently considered at the expense of pathological physiology. A much broader view of cardiac disease is obtained if we do not look too closely at the heart itself as the sole portion of the body affected, but simply look upon that organ as an important part of the circulatory system.

It is to be remembered that in the human embryo in the early stages of its existence the heart consists (after the fusion of the two primary cardiac rudiments) of a simple tube in direct communication with an afferent and efferent vessel. By further development and by the formations of various folds in this tube, and by its division into separate chambers by septa, this simple tubular heart becomes the wonderful central organ of the circulation as seen in post-natal life. While the analogy between the human heart in its various stages of embryonal development and the heart of ascending series of lower animals cannot be strictly drawn, there is some resemblance that partly justified the attempt to establish such a parallel.

In the amphioxus the vascular system is composed of a simple uniform pulsatile tube, supplying branches to all parts of the body. In studying this system in progressively higher orders of animals it is found that the heart becomes more and more differentiated as a separate and specialized portion thereof, until finally the mammalian heart, with its beautiful mechanism, is reached. By bearing this view in mind we obtain a much broader idea of the functions and derangements of the heart and the results of disease therein, while it can readily be seen how much more importance should be attached to the peripheral portions of the circulatory apparatus than is ordinarily allowed to it.

As with other specialized portions of various parts of the body, which, by their specialization come under the category of organs, we find that this specialized organ of the circulation is provided with

nerves and nervous centers having actions analogous to but more highly developed than belong to those of the less specialized but still very important parts of the same system.

Another factor in the physiology of the circulation is one of no mean importance. The muscles, which form so large a portion of the bulk of the body, may be looked upon not only as means for movement of the various portions of the body, but also as a vast system of small pumps for the propulsion of blood and lymph. The muscles are freely supplied by arteries; their lymphatic spaces and vessels have in the aggregate an enormous volume, and the onward propulsion of blood in the venous channels depends to a very large measure upon the contraction of the muscles, from which innumerable veins proceed and in the neighborhood of which the large venous trunks are placed.

Action of a muscle invites the flowing of arterial blood into its substance from the increase of vital activity, while contraction of the fibers separately and as a whole empties the lymphatic spaces surrounding and penetrating the muscle fibers and bundles, and accelerates the exit of venous blood from the muscle capillaries into the venous radicles and from them into the venous trunks, while contraction of the muscles of a part would seem to likewise force upward the stream of blood in the larger venous trunks. The muscular masses of the body can, therefore, be looked upon as, so to speak, a widely spread-out system of minute pumps interposed between a large portion of the arterial and venous blood-vessels. When we consider the relatively enormous extent of the skeletal muscular system and the great amount of blood (estimated at one-fourth of the total weight) contained therein, it can be conceived that its total pumping action is no mean factor in the propulsion of the blood. Aside from this influence upon the circulation of blood, the effect of muscular contraction upon the lymph-stream is one that cannot be ignored.

The physical signs produced by various lesions of the orifices of the heart can furnish much information in regard to the physical condition of the cardiac muscle and of the entrances to and exits from the various chambers of the organ, and also can determine for us within reasonable limits the actual size of the heart as a whole; but in so far as treatment is concerned it is far more important for us to determine the manner in which the heart is performing its functions than to be able to state exactly the morbid anatomical condition present.

To illustrate my meaning I would take the following examples: A heart may be seriously altered from the normal by the presence of obstruction at the mitral orifice as evidenced by the presence of a presystolic murmur heard in the neighborhood of the apex, while by an extension of the area of cardiac dullness to the right we might positively assert the existence of cardiac enlargement. In such a case as this the patient may require no treatment whatever, or may need our most active interference. What determines us in our line of action? By physical examination of the heart alone we cannot state the extent of the mitral lesion or the character of the enlargement. In order to decide as to the extent of the lesion and as to whether the enlargement is due to hypertrophy, or to dilatation, or to a combination of the two, and in order to determine to what extent the heart is capable of performing its work, we have to consider the condition of other parts of the body.

Again, without the presence of a cardiac murmur the heart may be found, upon physical examination, to be decidedly larger than in health. To determine whether this enlargement is due to hypertrophy, to dilatation or to a combined dilatation and hypertrophy we can only depend upon the manner in which the work of the heart is being performed. A third example is furnished by the by no means rare cases where percussion shows a normal area of cardiac dullness, and where auscultation reveals no sign of valvular lesion, and yet such a patient may be the subject of serious symptoms referable to the heart. It is seen, therefore, how limited is the scope of knowledge gained by physical examination of the precordium as compared with the

data regarding ultimate diagnosis of the physiological power of the heart and, consequently, of the line of treatment to be adopted.

By what I have said above in regard to physical diagnosis I do not wish to be considered as in any way depreciating the value of this means of investigation and this factor in determining our line of treatment. I merely wish to call attention to the great value of other signs and symptoms in aiding us to a proper estimation of the conditions present.

One of the most difficult points to positively determine in examining the heart is the correct interpretation of the meaning of the murmur in certain cases of anemia. For example, in acute articular rheumatism we have a disease which is capable of producing a profound and rapid anemia, sufficient in itself to cause hemic murmurs, while, at the same time, one of its most marked tendencies is the production of endocarditis. Again, in progressive pernicious anemia the hemic murmurs are extremely frequent, almost constant, while, owing to the degenerative changes produced in the heart muscle, dilatation of the heart, with commensurate dilatation of the auriculo-ventricular orifice, may occur.

Accentuation of the second sound at the pulmonary area, which is of much value in estimating the extent of mitral disease, is unfortunately of little value in eliminating anemia as a cause of the murmur, inasmuch as the same loudness of this sound is found in many cases of severe anemia.

In a case now under my care there is a clear history of rheumatism, with cardiac involvement, occurring four years ago. The patient came to my office one day panting for breath and her whole frame shaken by her cardiac pulsations. The skin and mucous membranes were absolutely white and there was a loud systolic blowing murmur to be heard over the whole precordium, but most intensely at the apex and at the second right intercostal space. From the apex the murmur was well transmitted to the left axilla and scapular angle; the portion heard most loudly at the aortic area was poorly transmitted, and over the carotids it was impossible to hear it owing to the presence of a loud, whirring venous hum. In this case there is no doubt as to the existence of mitral regurgitation; there is probably also aortic obstruction, but I say probably only, because hemic murmurs are so frequent at the base of the heart, and there is nothing in the character of the murmur to lead to a positive assertion of the presence of aortic obstruction. The diagnosis in such a case has to be made not only by physical examination of the heart, but also by a consideration of the general appearance, the examination of the blood, the presence, absence or intensity of cardiac symptoms.

One point in regard to the loudness of murmurs is suggested to me by this case. In general terms it may be said that the serious character of a cardiac lesion cannot be told by the strength or weakness of a murmur. It is no unusual experience, for example, to have a patient brought to hospital with an entire absence of murmur, but with a feeble and irregular pulse. After a few days' rest in bed, with the administration of cardiac stimulants and tonics a mitral or aortic murmur may seem to develop, although the heart is stronger and manifestly better. The cause of the appearance of the murmur is evidently the increased force of the cardiac contraction, which produces a murmur, where before it was absent exactly in the same way that a declivity causes an otherwise quiet stream to murmur. So little value have the presence or absence, strength or weakness of a murmur in estimating the physiological condition of the heart. So, also, the strength of the murmur can give us but little idea of the extent or character of the lesion present, as a loud, rasping, aortic obstructive murmur may be produced by a very stiff single leaflet at the aortic orifice if it be favorably placed, as well as by a marked stenosis from a welding together of all three leaflets. It is not safe to base a pathological diagnosis as to the extent of the lesion from the character of the murmur, inasmuch as on the autopsy table we frequently see extensive lesions that had caused but slight murmur during life,

and, on the other hand, a comparatively trivial alteration from the normal, which, during life, had produced an extremely loud abnormal sound.

For some reason the murmur of mitral obstruction has met with a colder reception than have other murmurs. Why this should be I personally do not understand, inasmuch as to my ear the mitral obstructive murmur is certainly as clearly heard as are the other murmurs, and I have frequently found that students heard this more readily than the ordinarily smooth, softer and less obtrusive murmur of mitral regurgitation. I imagine that there are two possible reasons for the scepticism in regard to this murmur that is even yet entertained by some. One of these I believe to be the lack of accord in regard to the nomenclature of the murmur. This question of nomenclature is at best but a poor subject for dispute, but it seems to me that the quibble over the question of naming the murmur "presystolic" or "diastolic" is nonsensical. It would be better to always speak of the murmur as that of mitral obstruction without dragging in the old bone of contention in regard to its name, which involves the time of its occurrence.

Barring the rare cases of aortic regurgitation with a murmur so heard, any murmur produced during ventricular diastole, and having its point of greatest intensity in the neighborhood of the apex, must denote some hindrance to the flow of blood from the left auricle into the left ventricle. The length of time during which the murmur is heard may depend upon at least two factors—the degree of obstruction and the strength of auricular contraction.

A probably fruitful source of doubt in regard to the significance of the murmur under consideration is the fact that at times it is heard during life in cases which at autopsy present no trace of lesion of the mitral valve orifice or leaflets. This is the case in two by no means infrequent conditions—adherent pericardium and aortic regurgitation. To Flint is due the credit of calling attention to the presystolic murmur of pseudo-mitral obstruction in cases of aortic regurgitation. In this condition and in that of adherent pericardium we meet with the greatest degree of dilatation of the left ventricle, and the murmur of apparent mitral obstruction has been ingeniously explained by Phear in the *Lancet* for September 21, 1895, as due to the dilatation of the ventricular cavity and consequent stretching of the chordae tendineae. If the chordae are constantly tense it is fair to presume that during the auricular systole the two mitral leaflets cannot separate widely when the wave of blood is thrown from the auricle into the ventricle, but stand stiffly on either side of the current, and are consequently thrown into vibration, while the blood-stream itself is thrown into swirls by the abnormal presence of the taut leaflets. For the presystolic apical murmur of adherent pericardium without mitral lesion this is the only evident explanation.

In regard to the presystolic apical murmur heard in cases of aortic regurgitation without mitral lesion another and seemingly plausible explanation is that which attributes the phenomenon to the forcing backward of the anterior mitral leaflet by the current of blood coming into the ventricle through the leaky aortic orifice. This would tend to approximate the two mitral leaflets, and as auricular systole occurs during the latter part of ventricular diastole, this displacement of the anterior mitral leaflet would tend to obstruct the flow of blood driven into the left ventricle through the channel so narrowed.

One of the most difficult lesions to detect positively during life, and one of the most frequent post-mortem surprises, is total obliteration of the pericardial cavity from a former pericarditis. A sign which was at one time much emphasized in making the diagnosis of this condition is systolic retraction of the intercostal space over the apex. This sign, which theoretically should be of value, has proven a slender reed, upon which we cannot rely on account of its frequent presence without the existence of pericardial adhesions and its absence in the presence of this lesion.

Broadbent has described the occurrence of systolic retraction of the left or

even right chest-wall posteriorly over the floating ribs. A sufficient number of cases have not as yet been collected to prove its constant presence in cases of adherent pericardium, but the finding of such retraction is a possibly valuable aid in diagnosis. The pulsus paradoxus and absence of diminution of the cardiac area of dullness or deep inspiration are important accessory signs of adherent pericardium, but require the presence of pleural synechiae or mediastinal inflammatory changes to ensure their occurrence.

Pericardial effusion can, as a rule, be readily determined if large in amount by the characteristic pear-shaped area of precardial dullness and by the apparent elevation of the apex-beat. Lesser amounts of fluid can be most readily detected by careful percussion of the angle formed by the lines of dullness of the right border of the heart and the upper surface of the liver. In pericardial effusion this angle becomes decidedly obtuse, even with but moderate exudation of serum. Rotch lays great stress upon the presence of absolute dullness in the fifth right interspace, and his experimental work with injection of cocao butter into the pericardium of the cadaver confirms his view of the value of the sign.

With these few hints in regard to the physical examination of the heart itself it may be well to consider a few points in regard to certain extra-cardiac symptoms and signs of cardiac disease.

The pulse gives us valuable indications of the manner in which the heart is performing its work, yet in spite of the descriptions of the pulse in various cardiac conditions we have no pulse truly characteristic of any lesion save only the water-hammer, receding, or Corrigan pulse of aortic regurgitation. The pulse does, however, furnish valuable information not only as to the strength of the heart, but also, what is equally important, as to the relation existing between the heart's strength and the amount of peripheral resistance. What I mean can again best be shown by an illustration. A man may be seen suffering from intense precordial distress, with cold extremities and weak, fluttering heart action. Such a condition can be produced by too feeble a heart or by peripheral resistance inordinately increased, or by a combination of both conditions. Examination of the pulse will alone aid us in determining to which condition the patient's state is due and to which condition our measures must be adapted. If in such a case, as will be further mentioned under the discussion of various forms of treatment, we aim at the wrong portion of the circulatory apparatus, we may add to the patient's distress and possibly increase the difficulty to a dangerous or even fatal extent.

To determine the relation between heart force and peripheral resistance the pulse must not only be counted and the strength of the impulse-wave determined, but the tension of the pulse must be estimated by rolling the artery under the finger and by applying three fingers instead of one, in order to test the degree of force employed above and below the palpating finger that is necessary to obliterate the arterial wave and allow of collapse of the artery. It is much to be regretted that the sphygmograph has had to be relegated to the class of interesting scientific toys. So much depends upon the accuracy of adjustment and the regulation of pressure by the instrument that, while in some cases, a valuable graphic method of recording pulse conditions, it can by no means take the place of the fingers in giving information to the observer.

The slow pulse, aside from its general significance and its presence from the use of certain drugs, is chiefly of interest from the recognition of the peculiar association of paroxysmal bradycardia, with certain nervous symptoms, such as vertigo, epileptiform attacks, etc.

The rapid pulse is of value in regard to the cardiac condition, chiefly because it is a numerical method of estimating the force and efficiency of the cardiac contractions, the weak heart having to contract more rapidly than does one of greater power in order to furnish the requisite amount of blood to the various portions of the body.

Aside from the rather rare congenital property of some hearts to intermit, in-

termission of the pulse, with irregularity in time and rhythm, is of value in giving us a guide for the estimation of the degree of degenerative changes in the myocardium.

The capillary pulse of Quincke, so frequently seen in aortic regurgitation, is observed not only in cases suffering from that lesion, but also in some cases of pernicious anemia, and, as in a case under my care in the Philadelphia Hospital during the past winter, in dilatation of the aortic arch (in the case mentioned the capillary pulse was more plainly seen by students than in a case of well-marked aortic regurgitation).

The dyspnea, which is so frequently the symptom that impels the sufferer from cardiac disease to seek medical advice, in certain rare cases is of such a character as to aid in diagnosis. The ordinary position assumed by the sufferer from cardiac dyspnea varies from that of slight elevation of the head and shoulders, when recumbent, to the picture so frequently seen and so distressing, where the patient cannot even recline against a bed-rest without serious exacerbation of the difficulty in breathing. In certain cases of pediculate polypi springing from the posterior wall of the left auricle the patient cannot sit up without immediate distress, on account of the fact that in the erect position of the trunk gravity causes the free extremity of the polyp to fall into the auriculo-ventricular orifice, thus obstructing communication between the two cavities of the left side of the heart as a ball-valve. A problem not always easy of solution is afforded by the frequent association of cardiac disease and anemia, both of which conditions give rise to dyspnea. It is only by the exercise of careful judgment and by painstaking investigation of associated signs and symptoms that we can avoid overmedication of the heart in cases wherein the condition of the blood is the cause of breathlessness.

The edema of cardiac disease is chiefly of interest from the insight that it gives us in regard to the propulsive power of the heart and of the arteriole walls, together with the various secondary factors in the proper maintenance of the peripheral circulation. Edema is frequently present with the existence of a fair radial pulse as estimated by the finger, yet, while edema of the feet persists, we may feel assured, in the absence of anemia and of renal disease, that the circulatory equilibrium is not fully restored.

The only other of the many cardiac symptoms to which I will refer is that of epistaxis. It is by no means an unusual experience at the Children's Hospital of Philadelphia for a little patient to be brought for treatment on account of frequent bleeding from the nose. This is so common a symptom of heart disease in children that complaint of it at once causes us to suspect that examination of the heart will reveal some morbid sign. In adults epistaxis is so common a symptom of early arterio-sclerosis that it is of value at times as a warning of the danger of the occurrence of this condition, prevention or amelioration of which can obviate the later occurrence of serious cardiac lesions.

One other point before leaving the question of diagnosis. Given a cardiac murmur, what means have we of estimating the pathological picture that may be shown at autopsy? If one tries to form a judgment as to this picture he will be probably doomed to many disappointments. It can be seen, therefore, that far more important than the, so to speak, pathological diagnosis is the physiological diagnosis; in other words, it is not possible for us to estimate the extent or exact picture of the existing lesion, but it is possible for us to determine the seat of a cardiac lesion by the point of maximum intensity of the murmur, and by the time of the murmur to decide whether the lesion of the cardiac outlet is of an obstructive or regurgitant character. We can also, and for therapeutic purposes this is in reality of more importance, estimate from accompanying signs and symptoms the way in which the heart is doing its work and is overcoming the various hindrances to its proper action.

As in dealing with the question of diagnosis, so also with that of treatment our subject must be discussed in a fragmentary and suggestive manner rather

than in a formal, systematic and orderly fashion. It can be said in regard to heart disease more than of any other class of ailments that needless medication is harmful drugging. One of the reasons why the whole class of cardiac diseases is of interest is because the effects of the trouble are so widespread and proper circulation is so dependent upon the due performance of all of the bodily functions that in handling our case we have to survey the whole field, stimulating here, checking there, regulating ingestion, promoting excretion, etc., that one feels in grave cases that careful guiding is required to safely conduct our patient through the dangers that beset him. Preeminently can it be said of diseases of the heart that no symptom is too insignificant for notice, no measure of treatment too unimportant to be ignored.

In the matter of prevention but little need be said, as in many of our cases the onset of the trouble has long passed before we are called upon, and the preventive treatment in reality belongs to the subject of the treatment of the diseases likely to be complicated by or to produce cardiac disease. In two classes of cases we can use prophylactic measures—we can frequently control the endocarditis occurring in the course or as the result of rheumatism, scarlatina and various other constitutional diseases, and we can by withdrawing causes of prolonged high arterial tension lessen the liability to or postpone the occurrence of the sclerotic changes that precede the development of slow and serious disease of the aortic leaflets.

*(To be continued.)*

---

HOSPITALS FOR CONSUMPTIVES.—In the Boston Medical and Surgical Journal, Dr. Edward O. Otis, president of the American Climatological Association, gives a very full history of the sanatoria and hospitals for consumptives abroad and shows how much more prominent these special hospitals are in Europe than in America. He shows too that many of these hospitals are situated in large cities and the patients do well even when their only outing is in a city square. This should encourage the building of similar institutions in America.

# TWO INTERESTING CASES OF LARYNGEAL DIPHTHERIA.

*By Wm. T. Watson, M.D.,*
Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 21, 1898.

Case I.—On January 8, 4 P. M., I was called to see E. D., a boy, aged two years and nine months. He had been under the "care" of another physician for the previous twenty-four hours. His lips were cyanosed, his forehead covered with perspiration. The recession of the soft parts of the thorax was very marked at each inspiration. Pulse rapid. Tonsils large and some membrane on each.

In half an hour I intubated, using the two-year tube. It was immediately filled with membrane and was withdrawn, cleaned and reinserted. Two thousand units of antitoxine were administered at 5 P. M. The tube, filled with mucus, was coughed up at 6 and 9.30 P. M. At the latter time I put in a tube of the three-year size. I turned about to lay down my instruments; when I looked again I saw the end of the silk thread, which was still attached to the tube, disappearing between the lips. Before I could seize it it was gone. I then realized that the child was not breathing through the tube, which must have been coughed up and swallowed. I now put in another tube in the larynx. At 11 P. M. the child's color was good; pulse 168; respiration 48.

On January 9 the child was very restless all day; pulse 168, and feeble; respiration 60. He was unable to swallow, so at intervals of four hours he was fed milk and brandy by a soft rubber catheter passed through the nose.

January 10. Had slept considerably during the night; pulse 142; respiration 28. By evening he was quite playful. Nasal feeding continued.

January 11. Slept well; pulse 120; respiration 30. Could swallow very well, so nasal feding was abandoned. At 8 A. M. the tube and string were passed, after a 60-hour voyage through the intestinal canal.

January 12. At 2 P. M., a little less

than four days from the first insertion, the tube was removed, and the child rapidly became well. This is the first case of intubation in which I have had to resort to nasal feeding. In spite of intubation and antitoxine, I am inclined to think that this patient would not have recovered had it not been for the nourishment and stimulation derived through the nasal tube at the most critical period of the disease.

Case II.—Last Monday night, January 17, Miss C., aged 20 years, called at my office complaining of a harassing cough—dry and very painful. The laryngeal mirror revealed a white patch about the size of a pea just in front of the arytenoid commissure. I pronounced it a viscid piece of mucus, gave some medicine and told her to return the next day.

I was sent for to see her at her home at 3 P. M. on Tuesday, the 18. The arytenoids were very much swollen, and the white patch had extended forward on the ventricular bands so as to obscure the vocal cords from view. The patient had a painful, dry cough, and had not slept during the previous night. I swabbed the affected parts and made a culture from the swab. This was put in the incubator at 3.30 P. M. At 8 P. M. there was an abundant growth of diphtheria bacilli. At 8.15 P. M. 2000 units of extra potent serum were injected. In a couple of hours the patient went to sleep and slept till morning.

At 9 A. M. on Wednesday, the 19th, a tough piece of membrane was coughed up. Examination a half-hour later showed no membrane visible. The arytenoids were so swollen that only the anterior half of the vocal cords were visible. Below the vocal cords small pieces of membrane were visible on either side.

On Thursday, 20th, the edema of the arytenoids was very much reduced, and the vocal cords were entirely visible. No membrane visible anywhere. There was much pain on coughing and swallowing; relieved by morphia hypodermically.

Today, January 21, three days since the administration of the antitoxine, the arytenoids and ventricular bands are somewhat inflamed and swollen; vocal cords have a "blood-shot" appearance; some swollen tissue below the vocal cords. The patient can swallow nicely; her cough is loose and not painful; she feels very well, and is doubtless well on the road to recovery.

This case has interested me particularly, because it is the first case of laryngeal diphtheria, in over fifty, in which I have been able to see the lesions, all the other cases occurring in children too small to examine with the laryngeal mirror. I was particularly struck with the rapidly-occurring edema of the arytenoids, which in a child would have played a large part in producing laryngeal obstruction.

The rapidity with which my patient's restlessness disappeared after the use of the antitoxine was very noticeable, and the exfoliation of the membrane in about eleven hours after the injection was quite rapid.

---

# THE RAPID DIAGNOSIS OF DIPHTHERIA BY THE KOPLIK METHOD.

*By Wm. T. Watson, M.D.,*
Baltimore.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, JANUARY 21, 1898.

In view of the well-established fact that the results obtained by the use of antitoxine in diphtheria are better in proportion to the earliness of its administration, we should all, of course, make our diagnosis as rapidly as possible.

In the majority of cases of true diphtheria the diagnosis can be made clinically, but in many cases of tonsillar diphtheria the diagnosis cannot be made from follicular tonsillitis except by the aid of a bacteriological examination. Every case of tonsillitis with exudate should be looked upon with suspicion, and where diphtheria is at all prevalent the physician should make a culture from each case.

After a culture is made and its object explained, the patient and the patient's friends are anxious to know the result at the earliest possible moment, and the

usual wait of twenty-four hours for a report from the city bacteriologist seems to them an almost interminable period.

By the method of Koplik, which I bring before you tonight, this period of danger and suspense has been reduced to a minimum. He has found that a bacteriological diagnosis of diphtheria may be positively made in two and one-half to three hours. The method depends upon the principle of forcing the growth of the bacillus during the first two and one-half to three hours at the most favorable temperature, which he finds to be 38° C.

In certain instances by this method a diagnosis of diphtheria is made which would be impossible in the ordinary way, for where there are few diphtheria bacilli and many streptococci in the culture the bacilli outgrow the cocci in the first few hours, but later on are overgrown by the streptococci. The culture medium used is the Loeffler blood serum such as is furnished by our health department.

The apparatus used by Koplik is similar to the one I exhibit here. It is exceedingly simple and inexpensive. The incubator is a water oven with inside measurement of 4x5x6 inches. It is supplied with a thermometer and mounted on a tripod. It is kept warm by a small kerosene lamp. The jacket of the oven is filled with water, and the temperature of the internal chamber rapidly raised with a Bunsen burner to 37° C., when the burner is replaced by the lamp. A little manœuvring will soon determine the height at which the flame must be kept in order to keep the temperature at 38° C. The inoculated tubes are placed on the bottom of the inside chamber.

At the end of two and one-half to three hours, according to Koplik, the colonies can be distinguished on the surface of the serum with a magnifying glass; at the end of four hours with the naked eye. At the end of five hours the growth is quite palpable. At the end of two and one-half to three hours the whole surface of the serum should be scraped in a longitudinal direction with a platinum loop and the scrapings smeared on a cover glass, stained and examined in the usual way.

During the past six weeks I have been using this method with great satisfaction. In this period I have been able to diagnose four cases of diphtheria in five hours, two cases in four and one-half hours, one case in three and one-half hours and one in three hours. The examinations were made at times that suited my convenience. Had they been made earlier in some of the cases I am sure the diagnosis could still have been made. In two cases diphtheria germs were found in five hours, but were overgrown by cocci in twenty-four hours.

With this method at his disposal the physician will not give antitoxine to a doubtful case and then next day, upon receipt of the bacteriological report, suffer the humiliation of telling his patient that the expense and pain of treatment were of no avail, as I have done on two occasions.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD JANUARY 21, 1898.

THE regular meeting of the society was called to order by the president, Dr. William Greene.

*Dr. Cullen* read a paper on the "Histology of Uterine Myomata; the Condition of the Endometrium."

*Dr. W. T. Watson* read two papers, as follows: 1. "The Rapid Diagnosis of Diphtheria." (See page 442.) 2. "Two Interesting Cases of Laryngeal Diphtheria." (See page 441.)

*Dr. Wm. R. Stokes:* I have been very much interested in the paper, as I also was in the original work of Koplik. I have not had any very great experience with this method at the health department. The examination of large numbers of cultures daily has precluded the examination of any tubes at stated intervals of time, so I have not had more than one or two personal experiences with the method. There can be no doubt, though, that the method is a good one, and that within five hours you can make a reasonable diagnosis of

diphtheria. It seems to me it is a good method for physicians to adopt if they wish to make a hasty diagnosis, and even if they are not familiar with the microscopical appearances they can send the specimen to the bacteriologist at the end of five hours and secure immediate answer.

*Dr. Watson* said that one of the disadvantages of the ordinary method was that in some cases the diphtheria organism which might appear at the end of five or six hours would be overgrown by other organisms at the end of twenty-four hours. I think this may be true in the Koplik method, owing to the fact that the organism is forced. It has been shown that a temperature of 38° Centigrade is more favorable to the diphtheria organism and less so to other bacteria; but in the ordinary method, under 35° for twelve hours, the diphtheria and other bacteria are subjected to equal contest, and the diphtheria would remain, I should say, for twelve hours at least in almost every case.

*Dr. Cullen:* It is easy enough for those connected with the laboratory to get this culture medium, but I do not see how the general practitioner can carry it out, for it would be a great deal of trouble for him to keep a stock on hand. How is he to be supplied?

*Dr. Bond:* I should like to ask Dr. Watson whether he simply determines that there are bacilli present, or whether he determines the specific diphtheria organism?

*Dr. Watson:* You may determine the specific diphtheria organism in the time given.

*Dr. Craighill:* I should like to ask Dr. Watson which serum he considers the best for the treatment of diphtheria. It is a question the general practitioner likes to know, particularly if he has had but little experience. We have seen but very few cases in North Baltimore.

*Dr. Keirle:* I do not think there could be any difficulty in obtaining the blood serum for this work. It could be gotten from the health department.

*Dr. Watson:* In regard to securing the culture media, I should like to say that the bacteriological department of the city health office is very obliging, and always willing to help us in any way in its power. There are certain drug stores in my neighborhood supplied with Loeffler's serum by this department, and from them I secure all the tubes I desire without objection, and I use a great many.

I should like to say that while I have gotten positive results in many of the cases, I believe I have gotten more satisfaction out of those that showed no diphtheria, for they have been more numerous. To be able to tell the family in so short a time that it is not diphtheria is a great satisfaction.

I have treated over fifty cases of non-laryngeal diphtheria without a death. I have had under my care forty-seven laryngeal cases, forty-four of which were intubated, with a mortality of eight. Four of the fatal cases had been neglected cases up to the time I saw them, and they probably would not have died if they had been treated properly from the first.

*Dr. Daniel Z. Dunott* then read a paper on "Drainage of Wounds."

The society then adjourned.

DR. H. O. REIK, Secretary.

---

## NEY YORK ACADEMY OF MEDICINE—SECTION ON ORTHOPEDIC SURGERY.

MEETING OF FEBRUARY 17, 1898.

DR. E. G. JANEWAY, president of the academy, in the chair.

*Dr. T. H. Myers* read a paper on "Non-Tubercular Inflammations of the Spine," in which he said that syphilitic inflammation of the spine was found in all regions of the column, and might involve any of the tissues and any of the vertebral parts, with the exhibition of periostitic, osteitic and other varieties of inflammation. In the cases of two boys, whose histories were related, the cervical and dorsal regions were affected respectively. In the former there was the deformity of wry-neck, and in the latter a kyphosis. Pain and rigidity were present. There was no history of transmission, but the presence of syphilitic dactylitis and prompt and repeated response to anti-syphilitic medication determined

the diagnoses. Both patients were much relieved by mechanical treatment.

*Dr. W. R. Townsend* said that this form of spine disease was a rare affection. The kyphosis did not differ from that of the spine affected with tuberculosis, and there was generally a history of inherited syphilis.

*Dr. R. H. Sayre* said that in making a diagnosis in children the presence of multiple arthritis would indicate syphilitic rather than tubercular disease of the spine, especially if the child were under eighteen months of age.

*Dr. B. Lapowski* said that dactylitis syphilitica had no characteristic symptoms, and was, therefore, valueless in distinguishing between spyhilis and tuberculosis. Neither was a response to anti-syphilitic treatment a certain guide, since anti-syphilitic medication produced good results in tubercular diseases, and of late hypodermic injections of sublimate had been used with good effect in gonorrheal rheumatism.

*Dr. E. G. Janeway* said that it was not rare to see a person suffering from both tuberculosis and syphilis. He had also seen cases which were thought to be tubercular, but which yielded to anti-syphilitic treatment.

*Dr. Myers* said that the relation of congenital syphilis to tuberculosis was not well understood. It was possible that transmission might make the offspring a more than usually favorable soil for tubercular infection. Moreover, there were cases of a mixed infection, a tuberculous subject acquiring syphilis, or vice versa. Rheumatic inflammation of the spine was more certainly recognized. In rheumatoid arthritis, which was by far the most common, other joints were also affected, and there was slowly increasing and poorly defined deformity from inability of the column to withstand the superimposed weight, with a varying degree of pain. Mobility and pain declined together, and the latter ceased when anchylosis was established. The bones exhibited sclerosis, with atrophy and absorption under pressure. Active medication was required, with protection and immobilization. Every effort should be made to secure anchylosis, if it was inevitable, in the best possible position of the spine.

*Dr. C. C. Ransom* would make a clear distinction between spinal rheumatoid arthritis and rheumatic disease of the spine. The latter affection, when limited to the spine, was comparatively rare, and usually affected the lower dorsal and upper cervical regions, rarely exhibiting cartilaginous and osseous changes, and fibrous anchylosis due to ligamentous changes only in very exceptional patients and in those of advanced years. Rheumatoid arthritis of the spine, on the other hand, exhibited muscular atrophy, deposits about the joints and characteristic deformities of other affected joints. In its treatment the classic remedies used in rheumatism had little if any effect, and, with the exception of iodide of potassium, were apt to do more harm than good. In the treatment of rheumatism of the spine, however, the methods usually employed in rheumatism would be found to give good results. Specific remedies, such as salicylic compounds, iodide of potassium and colchicum, might be used in the active stage and to relieve distressing symptoms, but to cure the trouble our dependence must be on general tonic and hygienic treatment, including iron, arsenic, the hypophosphites, hydrotherapy, massage, and, when pain on motion had sufficiently subsided, proper forms of active exercise regularly carried out.

*Dr. Townsend* could recall but one or two cases in which the diagnosis of rheumatic affection of the spine could be clearly made out. He referred to rheumatic changes in the bones and joints of the spine. Rheumatic pains affecting the spinal muscles were sufficiently common.

*Dr. Sayre* recalled a case which at first seemed to be tubercular inflammation of the cervical spine. There were pain and limited motion. A support enabled the patient to move without pain. Different diagnoses were made by a number of observers. Syphilis was eliminated. Atrophy and an inelastic condition of the muscles suggested a nervous origin of the trouble. The inflammation progressed, and a few years later the entire spine was

rigid. Stiffness of the costo-sternal and costo-vertebral joints interfered with full respiration, and other joints were involved. There had been some relief from gentle massage.

*Dr. Myers* said that the diagnosis of malignant disease of the spine was readily made in cases in which a malignant growth had already occurred in another part of the body, but if the primary manifestation was in the spine the affection might be overlooked. The growth might infiltrate the bodies, transverse processes, laminae and spines or occur externally on the sides of the vertebrae. Small metastases might occur in the neighborhood, and the spinal nerves were oppressed by invasion of the intervertebral foramina. The average duration of life after the onset was eight months. The most constant symptoms were pain and motor paralysis. Kyphosis was found in some cases. Severe pain and the occurrence of sensory paralysis before the appearance of the motor symptoms were considered as rather diagnostic.

*Dr. V. P. Gibney* said that this affection was very interesting to the general practitioner and to the specialist, because of the peculiar symptoms and the difficulty of making the diagnosis, which, however, could, as a rule, be made early. The severity of the symptoms was so great and the pain in certain regions was so acute and persistent that their significance could generally be recognized. Another point was the cicatrix in the mammary region, showing a previous amputation of the breast, a fact which was often concealed by the patient. If this was found, the disease of the spine was undoubtedly malignant.

*Dr. B. F. Curtis* had operated in a case in which the diagnosis was uncertain. The patient was a woman of thirty-five years. The right breast had been amputated a year previously for a supposed malignant growth. She had complained for five months of pain, not very severe, in the back and chest. Examination showed practically nothing. Later the knee reflex was lost, and very soon anesthesia appeared. The prick of a pin was not felt below the level of the umbilicus. There were retention of urine, involuntary discharge of feces, complete paralysis of the lower extremities and kyphosis in the mid-dorsal region. A bed-sore developed over the sacrum. The patient was examined by a number of men, whose diagnoses varied from secondary deposit to Potts' disease. Operation was urged, and rather against his own judgment, as he favored the former opinion, he was induced to do a laminectomy on the fifth; sixth and seventh dorsal vertebrae. He found the cord slightly compressed and congested. The sixth dorsal was softened, and projected somewhat against the anterior surface of the cord. There was, however, no marked thinning of the cord, and nothing in the cord to account for the severity of the symptoms, which were not relieved. The wound healed by primary union, but the bed-sore was very extensive and the sacrum necrotic. The patient died of sepsis on the sixteenth day after the operation.

*Dr. C. N. Dowd* referred to the tendency of breast cancer to form spinal metastases. In twenty-nine cases there were five in which this had occurred. The suffering was intense. The possibility of such a metastasis was a strong argument for early operation on the primary growth.

*Dr. E. G. Janeway* said that primary malignant disease of the spine was rare, but its appearance secondarily was not uncommon. In the latter case, if the pain was severe, the diagnosis could generally be made. The diagnosis of primary new growth in the spine was more difficult, but could usually be made by watching the course of the case. There was usually great pain, and often paraplegia, so that the name paraplegia dolorosa had been applied to the disease. There was no pain more severe. If the patient developed pain in the spine after having had a tumor removed, there was probably a location of the disease in the spine, although the surgeon who operated might not want to admit it.

*Dr. S. Lloyd* had operated for the removal of an hydatid tumor of the spine in a case in which the diagnosis had long been uncertain. There was a distinct

kyphosis, and among the symptoms had been pain in the lumbar region, partial sensory and complete motor paralysis, vaso-motor disturbances, sphincter paralysis and cystitis. The patient had been treated by a number of surgeons for tubercular disease of the spine. Nine years from the beginning of the symptoms the tumor was discovered and removed from between the processes of the eighth and ninth dorsal vertebrae, where the adjacent bones were eroded. The paralysis disappeared, and the man went back to his trade. A few months later he died paraplegic, after being crushed in a railroad accident. The spine was fractured, and at the autopsy two hydatid cysts were found in the cauda equina.

*Dr. Myers* said that gonorrheal inflammation of the spine was a very rare affection, and that typhoid spine was more common, depending on an inflammation of the periosteum or other fibrous structures. Infectious inflammations of the spine followed attacks of the infectious diseases of childhood. He gave histories of two cases in which wry-neck, not differing from that of vertebral caries, had disappeared without sequel after treatment by the application of a brace with a chin-piece.

*Dr. Sayre* had seen only one case of gonorrheal disease of the spine. The history was clear, and there were pain and disability of the spine, a slight kyphosis and stiffness in the other joints. He had seen a few cases in which erosion by an aneurism with marked kyphosis had been confounded with Potts' disease. Cases were on record in which suspension for the reduction of the kyphosis had been followed by rupture of the aneurismal sac and death.

*Dr. Janeway* said that several such cases had come under his observation which had been supposed to be tubercular disease of the spine. In one the patient suddenly fell back in bed and expired.

*Dr. Myers* said that traumatic inflammation of the spine was seen in adults more often than in children, and was usually the result of considerable violence. The kyphosis was not often significant. An abscess sometimes followed, and the symptoms might include pain in the spine, not anteriorly, great disability, muscular twitching and exaggerated knee reflex. The prognosis was good except in severe injuries. Fracture should be carefully protected, and for a long time.

*Dr. Lloyd* said that the violence might cause tearing of the muscles, and possibly an infected inflammatory area with rigidity, but without kyphosis. There might be paralysis below the point of injury, with rectal and vesical symptoms, and in some cases an abscess, with finally good recovery. In other cases a greater degree of violence produced partial dislocation or fracture, with or without kyphosis. In these cases the crepitus was especially important, as symptoms of compression of the cord might not appear till two or three weeks after the injury.

*Dr. G. R. Elliott* said that when we had a distinct lesion of the spine, such as fracture of the vertebrae, laceration of the ligaments, extra-dural hemorrhage, the cord itself escaping, together with clearly demonstrable objective signs, such as possible bony changes, muscular atrophy, some motor paralysis and distinct electrical degenerative reactions, we had a condition far from common, and one very much more valuable in a medico-legal sense than the neurotic symptom-group called railway spine, which, when standing alone and unsupported by objective signs, admits of endless neurological speculation.

*Dr. Janeway* recalled the case of a woman who had been shot in the mouth with a blank cartridge. Stiffness of the neck and spinal paralysis developed, and the autopsy showed suppuration running down the cervical vertebrae beneath the periosteum and into the intervertebral foramina, with a secondary inflammation of the cord. Also the case of a boy who had been kicked over the sacrum, and who was suffering from what was supposed to be spinal meningitis. An autopsy showed necrosis of a portion of the inner surface of the sacrum, with exudate outside of the dura mater, but running along the roots of the nerves, and also an inflammation with exudate intra-dural and subarachnoid. Some cases are difficult to make out.

MARYLAND

# Medical * Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, APRIL 2, 1898.

**State Aid.**

THERE is certainly a great need of reform in asking and granting aid from the State, and from cities, too, for public institutions. This has been especially exemplified during the recent meeting of the General Assembly of Maryland. The members of this august body have gained their seats by hard political work and were elected after diligent canvassing, probably not without making many promises and spending much money.

After election it is the people's turn to ask favors, and then the "very elect," as they might be called, after fulfilling some of the party promises, which, if broken, might affect future political aspirations, hardly recognize the ones to whom they owe their temporary power, and disburse their favors according to the amount of political pressure brought upon them. The days of the statesman are past, and the man (fortunately there are some exceptions), having gained his political ambition, uses his position for his own personal advantage and cares little for the community he serves.

The reform needed in Maryland, as in many other places, is in the way money appropriations are made to the public institutions, which, in many cases, have a right to these moneys. The State has a certain amount of money, which it collects from the people by taxation, and this is used to meet certain expenses, prominent among which is the support of various public institutions. Does the legislature send this money to these institutions, or tell them the money will be paid to them if they apply to the proper authorities?

This is hardly the case. The institution in question must not only make known its wants, but it must send frequent and politically powerful delegations to "influence" the committees and in many cases pay so-called "attorneys" or lobbyists to gain its ends either by the use of influence bought or by the liberal distribution of money. Thus the people to whom this money is due are obliged to go to the legislative body like a company of mendicants and beg as a charity for that which should be given as a due. In many instances the committees have no idea who is asking for money or what character of institution it is, but when they recognize before them a delegation with strong political backing they straightway grant the request and let the men without "pull," but with equal rights, go by with little or no money.

The reform needed is the creation of a commission which shall make it its business to inquire into the character of every public institution in the State, its receipts and expenses and in how far the State ought to help it, and then the money should be appropriated promptly and given at once, and each institution should be accountable to the State for the use of the money, not only in a perfunctory annual report, but by allowing this commission to examine and audit the accounts of each institution each year.

This may sound ideal, but such an arrangement is easily within the range of possibility. Of course, until the millennium comes, vote-buying and lobbying could hardly be done away with, but this would hold principally in large bills to which there was much opposition and in the proposed granting of unusual franchises.

State institutions should not be obliged to beg for their just dues.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 26, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | . | 32 |
| Phthisis Pulmonalis | .. | 21 |
| Measles | 82 | 1 |
| Whooping Cough | 6 | 2 |
| Pseudo-Membranous Croup and Diphtheria. | 24 | 11 |
| Mumps | 1 | .. |
| Scarlet Fever | 19 | 1 |
| Varioloid | .. | .. |
| Varicella | 6 | . |
| Typhoid Fever | 4 | 4 |

A case of actinomycosis has just died at the Hebrew Hospital.

Dr. Ruhräh has appointed Dr. Melvin Rosenthal assistant quarantine physician.

The American Medico-Psychological Association will meet in St. Louis May 10 to 12, 1898.

Dr. Louis W. Crampton, Major U. S. A., has been transferred from Fort Meade, S. D., to Fort McHenry, Baltimore.

Dr. Edward M. Schindel has been elected mayor of Hagerstown. Dr. Schindel was graduated from the University of Maryland in 1883.

Dr. Laporte, whose acquittal has aroused so much interest among the physicians of France, has been tendered a banquet by his colleagues.

The Evening Dispensary for Working Women and Girls has adopted the plan of charging a small fee for certain cases one evening a week.

The daily press announces the death of Dr. Spencer Harris at Circle City, Alaska, and formerly of Rock Hall, Kent county, Maryland. He was forty-five years old.

A Western paper says it will publish the name of the physician after every death notice. This will be interesing for the poor consultant who is so often called in at the last moment.

The Maryland legislature has made up the list of appropriations for the educational institutions and hospitals, and will now adjourn, feeling that it has not done very much harm.

From present appearances it looks as if the Scudder bill to change the medical practice act would not be a success.

Necrosis of the joint is so common in match factories that the Belgian government has offered a prize of $10,000 for the discovery of a substitute for phosphorus in making matches.

A surgeon and his assistant brought suit in the State of Washington for their fees, and the jury, which was said to be composed of farmers with long whiskers, gave the surgeons the amount asked for.

Dr. M. A. F. Carr, one of the most prominent physicians of Cumberland and that region, died last week, in the sixty-eighth year of his age. Dr. Carr was born in Frederick county, Virginia, and took his medical degree at the University of Maryland in 1851.

Dr. Sydney Sappington of Liberty, Frederick county, Maryland, died at his home last week, aged seventy-one. Dr. Sappington was a graduate of the University of Maryland in 1854, and practiced in his neighborhood for many years. He was one of the largest landowners in his county.

An important bill before the New York legislature provides that the formula of every patent medicine shall be printed on the outside of the bottle and on the label. Fines are attached for putting on no formula or the incorrect one. It is not always the formula, but the manner of compounding, which is secret.

Dr. Joel A. Heldmann, one of the oldest physicians of Baltimore, died a few days ago, aged seventy-eight years. Dr. Heldmann was graduated from the University of Marburg, Germany, in 1839, and came to this country in 1850, soon after his graduation. He was a member of the Medical and Chirurgical Faculty, and enjoyed a large German practice.

Mr. Halbert, a member of the House of Representatives of the Maryland General Assembly, endeavored to make himself famous by introducing a bill in imitation of the Ohio bill to regulate marriage by compelling all those about to marry to pass a physical examination to see if they ought to marry and propagate. The bill so far accomplished its object of making the proposer talked about for a short time, and of giving a few physicians the opportunity which they so much enjoy of advertising themselves in the daily press by giving utterance to unripe ideas.

## Washington Notes.

Dr. George Barrie has recovered from his long illness, and has gone to Atlantic City to convalesce.

The Commissioners have acknowledged the resignation of Dr. Daniel H. Williams as surgeon-in-chief of Freedman's Hospital.

A benefit for the Eastern Emergency Hospital and Dispensary was given at the residence of Mr. Thomas W. Smith, president of the board of directors, in the manner of a progressive euchre party.

Dr. George Hubbard, assistant surgeon United States Navy, committed suicide at St. Elizabeth's Asylum Saturday night by strangling himself with a cord of his dressing gown. Up to a few weeks ago he was with the *San Francisco.*

The Board of Lady Managers of the Garfield Hospital held a reception at the institution Friday afternoon. The entire building was thrown open to inspection. The rich floral decorations and tea delicacies gave a pleasant social atmosphere to the affair.

The mortality in the District for the last week numbered 116, a rate of 21.5 per 1000. Twenty-one deaths from pneumonia, three from grippe and three from diphtheria. There are sixty-two cases of scarlet fever and thirty-four cases of diphtheria under treatment.

The report from the House District committee relating to the survey for the reclamation of the Anacostia flats, says: "The reclamation of the Anacostia flats is indispensable to the health of a very considerable portion of the population of the District of Columbia. The work is made the more necessary because thousands of people who cannot help themselves are forced to live where the emanations from these flats cause widespread disease and frequent deaths. Of all the improvements needed for the health and comfort of the District, this should come first."

Surgeon-General Sternberg says that an immunity from yellow fever is established by the native population from the fact that they have suffered a mild attack of the disease during childhood, and while the permanent infection of a seaport city in the tropics depends largely upon local unsanitary conditions, yellow fever may prevail as an epidemic, when introduced, in localities where the best sanitary conditions have been maintained. He claims that there need be no fear on account of yellow fever should our army go to Cuba, as each soldier enlisted would be vaccinated as a positive preventive measure.

## Book Reviews.

THE PRACTICE OF SURGERY: A Treatise on Surgery for the Use of Practitioners and Students. By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania, etc., and B. Farquhar Curtis, M. D., Professor of Clinical Surgery in the New York Post-Graduate Medical School, etc. Profusely illustrated. Philadelphia: J. B. Lippincott Co. Pp. 1240.

This is a very practical text-book of surgery, which is written for the student, it being too elementary for a surgeon. It opens with a few chapters on surgical pathology, including surgical bacteriology, inflammation, sapremia, septicemia, pyemia, special, forms of infection, repairs of wounds, regeneration of tissues, and then follows the more practical parts of the work. There is nothing especially marked in the book. It covers the ground usually taken up by students' works on surgery, and will undoubtedly be a welcome addition to the many works of its kind which are for the instruction of the undergraduate student. The presswork is especially good.

TWELFTH BIENNIAL REPORT OF THE STATE BOARD OF HEALTH FOR THE TWO YEARS ENDING DECEMBER 21, 1897.

The report is especially valuable for the proceedings of the Maryland Public Health Association, which take up a large part of the volume. The report all through bears the mark of that thoroughness and care which is characteristic of all work of the able secretary, Dr. John S. Fulton. Dr. Fulton has labored untiringly to make the Maryland report a credit to the State and to his profession. It is to be hoped that future reports will contain some vital statistics of the State.

PRACTICAL THERAPEUTICS. January, 1898. Philadelphia and Chicago. H. K. Mulford Company.

While this is a trade journal and devoted to the interests of the firm which publishes it, still it contains much valuable reading and some reports on the excellent antitoxine of that firm. It is printed in small form, with clear type. The leading article on bronchitis is a very timely one at this time when everyone is coughing.

GUAIAQUIN. McKesson & Robbins, New York.

This is a description of a new quinine salt, a guaiacol bisulphonate of quinine, used in the treatment of anemia, cachexia, malaria and diseases characterized by septic infection or bacterial fermentative disturbances of the gastro-intestinal tract. It is said to combine the characteristic properties of both guaiacol and quinine. The brochure is profusely illustrated, with beautifully executed lithographs of the blood, photo-gravures and numerous temperature charts.

## REPRINTS, ETC., RECEIVED.

Surgical Melange. By Merrill Ricketts, Ph.B., M. D.

Report of the Surgeon-General, United States Navy, 1897.

Second Annual Report of the Second Hospital for the Insane of Maryland. 1897.

Morphinism. By J. B. Mattison, M. D. Reprint from the *Atlantic Medical Weekly.*

Annual Report of the Board of Managers of the Maryland Hospital for the Insane for 1897.

Entire Records of Medico-Surgical Practice at Sound View Hospital. By T. J. Biggs, M. D.

Appendicitis, with Report of an Interesting Case. By H. L. E. Johnson, M. D. Reprint from the *Journal.*

Address on Ophthalmology. By Joseph E. Willetts, M. D. Reprint from the *Pennsylvania Medical Journal.*

Preventive Medicine as Applied to the Growth and Care of the Teeth. By Douglas Malcolm, D. D. S. Baltimore.

The Advantages of Vagino-Abdominal Section. By Thomas H. Hawkins, M. D. Reprint from the *American Journal of Obstetrics.*

Fatal Puerperal Sepsis Due to Introduction of an Elm Tent. By Thomas S. Cullen, M. B. (Tor.). Reprint from the *Johns Hopkins Hospital Reports.*

A Case of Pysalpinx in a Young Girl, with Specimens and Remarks on Special Surgical Technique. By H. L. E. Johnson, M. D. Reprint from the *Journal.*

A Certain and Successful Method of Shortening the Round Ligaments. By J. H. Kellogg, M. D. Reprint from the *Transactions of the Michigan State Medical Society.*

# Current Editorial Comment.

## WOMEN PHARMACISTS.

*New England Medical Monthly.*

AS REGARDS the practice of pharmacy, it is apparent that this is very well adapted to the tastes and capabilities of women and might be carried on by them with decided success. This idea, if we mistake not, originated in Russia, where there are now about 100 who have chosen pharmacy as a profession.

## NATIONAL HEALTH BUREAU.

*The Journal.*

AN effective national bureau of health is needed rather than more stringent quarantine. The final security lies in local sanitation; the real progress consists in preventive medicine; our duty is not alone or chiefly to stop the importation of disease. The hullabaloo raised over quarantine is born of the secret consciousness that our filth and negligence constitute a prepared soil, ripe for the foreign germs. Cleanliness does not hate disease any more than disease hates cleanliness.

## DEGENERATES.

*Medical News.*

THE study of anthropology has proved the existence of a criminal type, with marked characteristics in anatomy and physiology. How fruitless to allow these parasites upon society to multiply, and then to spend millions in the attempt to alter these characteristics in the individuals of ever-recurring generations! And every year while the government is performing this task of Sisyphus thousands of good members of society are robbed and butchered by the degenerated who ought never to have been generated.

## RENEWING PRESCRIPTIONS.

*Cleveland Medical Gazette.*

THE unadvised renewal of prescriptions at the pleasure of patient or on the advice of the pharmacist is a great evil. It wrongs the doctor and the patient; the doctor, by keeping his patients from consulting him, and the patient by keeping the latter from the skilled medical aid he may need. When patients and druggists decide the question of repetition of prescriptions and the doses of same, they become practically doctors, and being without the necessary medical education, they often gravely err against the interests and welfare, comfort and recovery of the patient.

## Medical Meetings.

| APRIL | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | .. | .. | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| .. | .. | .. | .. | .. | .. | .. |

| MAY | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | .. | .. | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

| JUNE | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

### National Associations.

#### April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

#### May.

ASSOCIATION OF AMERICAN PHYSICIANS. Washington, D. C., May 10, 11 and 12, 1898. F. C. SHATTUCKS, M. D., President, Boston, Mass. HENRY HUN, M. D., Secretary, Albany, N. Y.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN NEUROLOGICAL ASSOCIATION. New York, May 26, 27 and 28, 1898. M. ALLEN STARR, M. D., President, New York City. F. X. DERCUM, M. D., Secretary, Philadelphia.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May —, 1898. THOS. R. FRENCH, M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

#### June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

#### July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

### State Societies.

#### April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

#### May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. R. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(*Continued on page* xvi.)

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVIII.—No. 26. BALTIMORE, APRIL 9, 1898. Whole No. 889

## Original Articles.

# AN IMPROVEMENT UPON SAYRE'S METHOD OF TREATING FRACTURED CLAVICLE.

*By J. W. Henson, M.D.,*
Professor of Anatomy, University College of Medicine, and Surgeon to Virginia Hospital, Richmond, Va.

READ BEFORE THE RICHMOND ACADEMY OF MEDICINE AND SURGERY, MARCH 8, 1898.

Mr. President and Gentlemen—I crave your indulgence while I attempt, in as few words as possible, to explain to you an appliance which I hope you will find an improvement upon the present methods of securing position and immobility in a fractured clavicle. Every intelligent doctor is aware that the indications in the treatment of this fracture, on account of the position and attachments of the bone, are to draw the distal fragment upward, backward and outward, through the medium of its connection to the shoulder. To accomplish this, Sayre's method is the best now in use.

In this method the adhesive strip, which passes from the arm of the injured side horizontally around the chest, admirably performs its function and rarely slips much.

But while the strip, which passes from the sound shoulder around underneath the opposite elbow and back again, and does its work well when first applied, yet it is almost certain to slip, and in warm weather does so very quickly, thus losing efficiency; is apt to roll up on the shoulder and hurt by becoming cord-like, and is altogether very uncomfortable. In the place of the latter strip I have substituted the following arrangement with success:

Out of denim, unbleached jeans or other very stout cloth, get a seamstress to fashion for the sound shoulder what, for want of a better name, we will call a shoulder cap, with two extensions or tails, one opposite the other. When held in the hand it bears a crude resemblance to a truncated dunce-cap. It must be so made as to fit snugly the whole shoulder and upper part of the chest just below the axilla. That this may be accomplished, an armhole is necessary, which also serves the excellent purpose of preventing slipping.

There should be almost twice as much of the cap upon the shoulder as upon the chest below the axilla. The extensions or tails are one in front and one behind. The posterior one is directed across the back along a line drawn from the shoulder supporting the cap obliquely downward toward the opposite elbow. It should reach a little beyond the middle line, and may be pointed. The anterior tail should have the same course across the front of the chest, reaching as far as the opposite nipple, and its end should vary in width from one and one-half to two and one-half inches, according to the size of the patient.

Upon its under surface there is to be made a pocket, reaching from near its end upward and outward quite to the top of the shoulder, and just wide enough to accommodate the patient's hand. When tension is made upon both extensions at the same time in the line of their direc-

made in the elbow piece one and one-half or two inches forward of its center for the reception of the olecranon process.

I have described in as simple a manner as possible the principle of the apparatus. Under the direction of a doctor, a clever seamstress can make many useful modifications For instance, instead of the plain elbow piece, with hole for the olecranon, a pocket may be made to fit and securely grasp the elbow, so that, when the front connection is tightened, the latter (the elbow) will be more firmly held forward, and, through the principle of the first class of levers, the arm, with the side of the chest as a fulcrum, will draw the shoulder outward at the same time it is being held upward.

Examine in the accompanying cuts the smaller figure, which, by the way, is that of a child treated for a fractured clavicle by this

tion, the cap should bear with equal pressure upon the shoulder and chest. Attach a buckle to the end of each extension.

From the same stout cloth cut a narrow oblong piece sufficiently wide to accommodate the elbow and long enough to reach from the middle of the arm to the middle of the forearm when extended. To each end of this, which we will call an elbow piece, attach a tape of a width to match the buckles mentioned above.

Now as to the application: Apply the horizontal strip of adhesive plaster just as in Sayre's regular method. Then fit the shoulder cap upon the sound shoulder. Into the pocket under its front extension introduce the hand of the injured limb, after carrying the forearm up across the front of the chest. Apply the elbow piece to the already flexed elbow and fasten its ends respectively to the anterior and posterior extensions of the shoulder cap. A hole should be

means, and with perfect success. You will see that the mother has made, instead of a pocket or case for the elbow alone, a pocket or case for the elbow and forearm, which, when the apparatus is in position, is practically continuous with the pocket for the hand. This gives additional support and security, and is to be advised in children to prevent removal of the hand. Buttons may, of course, be used in the place of buckles for the fastenings.

By properly adjusting the connections support will with certainty be obtained, and furthermore, maintained with comfort.

---

# SOME POINTS IN REGARD TO THE DIAGNOSIS AND TREATMENT OF HEART DISEASE.

*By Frederick A. Packard, M.D.,*
Philadelphia.

READ BEFORE THE LEBANON COUNTY (PA.) MEDICAL SOCIETY.

(*Continued from last week.*)

The treatment of cardiac disease is best divided into hygienic and medicinal, while these main divisions can both be subdivided into those directly connected with the functions of the heart and those indirectly aiding the heart by removing extraneous causes of cardiac embarrassment or by increasing the working capacity of certain parts, in order to enable the heart to better perform its labors. In many cases of cardiac trouble, and this is probably more true of this than of any other class of organic diseases, the hygienic are of decidedly more importance than are medicinal measures. No general rules can be laid down for cases of heart disease, inasmuch as hardly any two cases agree in their signs and symptoms, and inasmuch as in an individual case the indications vary greatly at different times in the course of the case.

In handling a case of heart disease it is of prime importance to estimate the functional activity of every organ and system of the body, in order to correct any disorder that could interfere with the proper circulation of the blood. Here a difficulty is at once met in that in many cases it is well-nigh impossible to determine to what extent the abnormal performance of function is due to the cardiac disease and to what extent the intensity of the cardiac symptoms are dependent upon the extra-cardial disorder. In this class of cases we find exemplified to its fullest extent the formation of that bugbear of physicians, the vicious circle. For example, gastric indigestion is a frequent direct result of disorder of the circulation dependent upon cardiac disease. This gastric derangement increases the heart trouble mechanically by distension of the stomach and, so to speak, vitally by failing to properly work up the ingesta and allowing the further chemical processes of digestion to be properly performed. So, too, the renal congestion of cardiac disease or the anatomical permanent interstitial changes resulting from long-continued renal congestion increases the retention within the body not only of fluids, but of excrementitious products, which react again upon the heart by depressing its force or by causing elevation of the arterial tension, and so increasing the work of that organ. The question then arises as to which member or members of the vicious circle should be first attacked. In the choice depends much of the failure or success of treatment. Fortunately we can frequently attack two or even three elements of the circle by the same measures.

Of prime importance in the treatment of heart lesions is the regulation of the life of the patient, so that it shall conform to the powers of the central organ of the circulation. A blacksmith, with serious heart disease, could with the same lesion attain many more years of life as a watchman; a sailor could prolong his existence for years if, in view of his cardiac lesion, he exchanged his laborious occupation for that of a sailmaker. In every case of cardiac disease it is essential where possible to so regulate the life of the individual that the demand upon his heart shall not exceed the capacity of that organ.

The dietary for cardiacs can only be laid down in general terms, but the rule

that the diet should be sufficient to maintain nutrition and, at the same time, be within the digestive power of the individual should be strictly enforced. Aside from this, we have no general rules that will be applicable. As a rule, the avoidance of excess of starchy foods will be required. An important point in the dietary of many cardiac cases is the regulation of the quantity of fluid ingested. While water and articles of diet containing much fluid are in many cases desirable adjuncts in treatment from the flushing of the tissues and consequent removal of waste products, we have to bear in mind the danger of edema from retention and extravasation of fluid. On the other hand, limitation of the amount of fluid ingested will often produce surprising results in the diminution of an existing cardiac dropsy. It is on this account that milk diet sometimes disagrees with cases of advanced cardiac disease. We have, therefore, to exercise careful judgment in regulating the amount of fluid ingested, avoiding on the one hand retention of waste products from lack of fluid, and, on the other, dropsy from the taking of fluid in excess of the power of the excretory organs.

The habitual use of alcohol by cardiac cases is, as a rule, decidedly harmful, especially when it is taken in the form of malted beverages. The latter are detrimental from their mechanical distension of the stomach and from the fact that, taken in the usual large quantities, they cause overfullness of the blood-vessels and in many cases markedly increase the work of the heart. In cases of cardiac degeneration, with dilatation, this statement holds with greatest force. In addition, we must bear in mind that alcohol taken as a beverage may needlessly and constantly whip up the diseased heart, causing it to do more work than is necessary and leaving it in worse case than if it had been allowed to do its work in a quiet manner.

The regulation of the amount of exercise desirable or permissible is an important part of the duty of a physician in handling a case of heart disease, and is a question that needs careful study. It is in general a safe rule to allow the patient to take exercise in amount sufficient to keep well within the bounds of shortness of breath. The amount of exercise to be allowed varies from none at all through the grades of massage and passive movements, resisted movements, exercise with no, or but very light, apparatus, up to the more ordinary methods of making exertion. In hearts with active inflammatory changes going on within its cavities absolute rest is needed to diminish the work of the heart to within the smallest possible limits on the same principle that quietude is required by any other inflamed portion of the body where activity does not avail to remove the cause or results of the inflammation; and rest in this condition is important for a second reason, namely, the prevention of detachment of emboli from the inflamed endocardial surfaces, an accident that is much favored by any sudden increase of cardiac activity. Rest is also required in some cases at the other end of the series of cardiac disability, when compensation has become lost and when the enfeebled heart can effect but little more than its own evacuation and the maintenance of life in other equally important parts of the body.

In the periods between these two extremes exercise is a remedial measure of no mean importance. A glance at the effects of exercise as it bears upon the question before us may be of interest. To those who have not already read a most suggestive article by T. Lauder Brunton in the *Lancet* of October 12, 1895, upon the treatment of atheroma, the writer would earnestly recommend its perusal. In dealing with the mode of action of massage in its effects upon atheroma the author referred to has most clearly outlined the reason for the beneficial effects of not only massage, but also exercise in atheroma, and his remarks might with equal propriety be applied to their use in heart disease. In this connection the point previously mentioned, in regard to the circulatory apparatus being viewed as a continuous whole and not as consisting of a contracting heart and conducting blood-vessels, is of importance. By massage as by exercise (which can be looked upon as, in a sense,

voluntary massage) the interstitial lymphatic circulation is accelerated, the venous blood is forced out of the parts in operation, the arterial blood is in consequence injected with greater freedom, and we have, so to speak, a local stimulation of each acting part, with (especially in the case of massage) no corresponding increase in the work of the central organ of propulsion. Such a local acceleration of the blood current occurring successively or simultaneously in various portions of the circulatory area cannot fail to be of benefit to the whole circulatory apparatus, especially in the case of the chief, and therefore most aided, propelling portion thereof. Where the heart has power insufficient to allow of general exercise, local or partial exercise, as by resisted movements, may be employed, or, in cases where the cardiac force is insufficient to allow of even this form of exercise, massage may be permissible, on account of its requiring no muscular effort or increase of cardio-pulmonary action.

Cases are met with where even the slight increase of cardiac action produced by massage cannot be borne. Such cases are, however, not frequent. It may be said, therefore, that exercise (including massage) is of great advantage in many cases of heart disease, and that the limit to which this can be carried varies with each case, and must be laid down so that at no time will the exercise produce palpitation, dyspnea or other sign of cardiac distress. The plan of exercise advocated and systematized by Oertel, by climbing ascents of increasing length and severity, has much to recommend it, especially in cases of disease of the myocardium, where the squeezing out of waste products from and increase of interstitial circulation in the heart-wall will be of benefit if we keep well within the limits of the capacity of the heart. Among the many varieties of exercise that can be indulged in within the limitations above mentioned might be especially named rubbing of the surface more or less vigorously once or twice daily with a flesh-brush or Turkish towel, which equalizes the circulation and tends to prevent the occurrence of visceral congestions; contortion movements of the trunk and extremities; muscular exercise with wands or light wooden dumb-bells; horticulture; light carpentering and other forms of light exercise more in the form of ordinary modes of muscular action.

The systematic employment of baths and exercises according to the method systematized by the brothers Schott has been now thoroughly tested and proven worthy of confidence and of very great benefit by a very large number of observers. It is undoubtedly a distinct addition to our means for treating heart disease.

The question of ordinary bathing is one of importance. The physician will need to employ as much judgment in regulating the bath as in prescribing exercise. In but few subjects of heart trouble is the cold bath desirable. Where compensation is assuredly perfect, where there is good reason to believe that the myocardium has not undergone degenerative changes, and where the lesion is presumably of slight extent, the cold bath may be permitted, save in regurgitant lesions at the pulmonary or aortic orifice. This statement I believe to be true, but I would point out that certainty in regard to the presence of the conditions named can but rarely be asserted. Baths are essential to the cardiac, but they are best taken warm or tepid, at intervals of not less than forty-eight or seventy-two hours, and should not be prolonged beyond the requirements of cleanliness.

The saline and effervescing baths employed in the Schott method of treatment have received sufficient endorsement to stamp them as decidedly valuable, but they require more attention than can usually be devoted to the bath, and, moreover, owe at least a considerable part of their value to their use in combination with other methods employed in this systematized plan of treatment. An occasional hot-air bath, carefully given, in selected cases, with subsequent friction with alcohol, is at times productive of much benefit to the circulation. This is particularly true for cases of aortic obstruction, combined with and

dependent upon sclerotic changes in the vessels and fibrosis of various organs.

The clothing of the sufferer from heart disease is to be regulated so as to prevent the occurrence of sudden or prolonged chilling of the surface. In aortic disease this is chiefly because of the risk attending sudden contraction of the peripheral arterioles, a risk most extreme in cases of aortic regurgitation, while in mitral disease it is of great importance, especially because of the danger of internal congestions, as, for example, in the pulmonary circuit. To meet this danger woolen underclothing of weights varying with the external temperature is the best provision.

Leaving the question of hygienic measures, treatment of heart disease by drugs requires mention.

The subject of the medicinal treatment of heart disease is one that bears subdivision poorly, inasmuch as it is difficult to separate into groups the remedies employed, and, in the second place, to dogmatically assert in exactly what classes of cases the various drugs will be of value. Of the many medicines that have been employed as cardiac stimulants and tonics I shall mention but a few and only those which have definitely proven their claims to favor. Before taking up the agents that we employ for their direct action upon the organs of circulation a few words may be said in regard to certain remedies which indirectly aid the heart and some of which have been at times ranked almost with the various cardiac remedies.

Calomel, which has been much used in cases of heart disease, is a drug of very great value when properly employed. Its cholagogue action is of immense benefit, its laxative properties are often useful, its supposed diuretic action is frequently of value, while its absorbifacient action is no mean factor in the treatment of heart cases. My own habit is to employ it at frequent intervals in the course of many cardiac cases, especially in the form of a Saturday-night pill composed of pulv. ipecac, gr. ss.; calomel, gr. i, or, substitute blue mass, gr. ij for the calomel. This combination so given stimulates the hepatic functions, ensures the occasional exit of a free flow of bile and possibly has a more general action upon lymphatic activity than is usually granted. Calomel also does good by its laxative action in sweeping out of the bowel materials (ptomaines) which could be absorbed and act as direct cardiac depressants. Saline laxatives produce the same result, but, in addition, are of great value in cases of dropsy, owing to the free watery evacuations which they produce.

Potassium iodide has a markedly favorable influence in many cases. It is possible, although to my mind hardly probable, that its absorbifacient power may have same direct influence upon the extent of the sclerotic changes in the subendocardial tissue. Its favorable action can with more certainty be attributed to its power of lowering arterial tension, a property doubtless chiefly due to its power of increasing the elimination of waste products, retention of which within the system is so potent a factor in causing high arterial tension.

Citrate of lithium, although but seldom mentioned in connection with diseases of the heart, is an extremely active aid, especially in cases having a tendency to high arterial tension, and even more markedly in cases associated with scanty excretion of urine.

Ergot is a valuable remedy in certain cases where overaction and cardiac distress are due to the fact that the arterioles are lacking in tone and wherein the heart misses the steadying influence undoubtedly exerted by a well-regulated vaso-motor nervous system. It will be found, however, that in this class of cases a combination of bromide of ammonium with belladonna will be productive of better results, except for the fact that the accelerator action of belladonna upon the heart will at times be somewhat too marked.

Morphia is at times a most useful drug in cases of heart disease, seeming in small dose to act as a veritable cardiac tonic and sedative of no mean value. In what manner it acts is not precisely known, but that it does aid the heart in performing its labors in some cases is an undoubted clinical fact.

Of the remedies acting more directly upon the heart there are two sedative drugs that are at times of use—aconite and veratrum viride. Of these the first will often prove of service where there is tumultuous cardiac action not dependent upon muscular weakness in the wall of the organ or upon excessive peripheral resistance. In these cases it seems as though the nervous excitation was furnished beyond the requirements of the circulation. Here tincture of aconite in doses of one minim every hour or two will frequently rapidly remove the cause of distress. Where the same condition is associated with high arterial tension veratrum viride will at times act happily, but the same effect will usually be better accomplished by the use of nitroglycerine or the nitrites.

One of the best pure cardiac sedatives that we possess is external cold applied in the form of an ice-cap or Leiter's coil to the precordium.

In classifying the drugs which seem to have a tonic action upon the heart it is again somewhat difficult to determine clinically to exactly what property they owe their action, whether by their direct action upon the heart or indirectly by relieving some cause of cardiac embarassment. Of this class of drugs digitalis holds pre-eminently a high place, and yet it is undoubted that, while a drug potent for good, it can, if not perfectly suitable, give rise to nothing but evil effects. The great value of digitalis in certain cases has doubtless led to its being greatly misused, and it is a question to be always gravely considered whether in a given case of heart disease its action will be beneficial or the reverse. The broad statement that digitalis does good in mitral disease and harm in lesions of the aortic orifice is only a fair working guide, inasmuch as in many cases of mitral disease it increases the cardiac embarassment, while in certain cases of disease at the aortic orifice it can, if judiciously employed, be of decided benefit.

It seems to me that the best general rule for its employment could be formulated somewhat in this way: If the circulatory trouble arises from the condition of the heart muscle alone digitalis will usually do good; if the trouble arises from the work imposed upon the heart being too great, although the muscular walls are in fair condition, it is apt to do harm, or, at least, will not do good; if the trouble arises from a degenerated or relatively weak heart muscle, with an increase in the amount of work required of the organ, it may do good, but in such cases it usually requires the addition of some other agent to counteract its peripheral effects. Digitalis is an excellent cardiac tonic, because by its stimulating action upon the pneumogastrics it slows the heart and thereby prolongs its brief periods of rest, and because it increases the force of contraction and thereby enables the organ to not only empty its cavities thoroughly, but also to squeeze out of its own interstices the contents of its lymphatic channels and veins. It is capable of doing harm by causing hypersystole in a heart already contracting sufficiently forcibly to overcome the existing peripheral resistance, while by its vaso-constrictor action it adds more opposition to the effective working of the organ. It is on account of this vaso-constrictor action that the remedy is of less value in aortic than in mitral disease, inasmuch as in aortic obstruction slight increase in the existing obstacle to the free outflow of arterial blood will be sufficient to seriously embarass the heart, while in aortic regurgitation the increase in arteriolar contraction will raise arterial tension and produce a greater back flow of blood from the aorta into the left ventricle during the prolonged diastole. In mitral disease peripheral resistance is a factor of less importance, and the strengthening of the cardiac muscle is the important object, while in the case of mitral obstruction the lengthened diastolic period allows of a larger mass of blood reaching the left ventricle through the narrowed mitral orifice.

The combination of calomel, squill and digitalis, of each a grain, cannot be too highly praised in connection with cases of advanced mitral disease with anasarca. Its action is often most happy, far better than that obtained by the use of the various constituents alone, and oftentimes after a few doses the heart's action be-

comes quiet and strong, the pulse becomes full and steady, the anasarca lessens, the urinary flow increases, the bowels move, and, what is of more moment to the patient, the distressing dyspnea vanishes. The effect is probably produced by a combination of the power of digitalis as a cardiac tonic, vaso-motor constrictor and diuretic, of squill as a diuretic, and of calomel as a cholagogue and laxative.

Strophanthus is somewhat like digitalis in its action, but has the advantage over it that it has less action as a vaso-constrictor. While this is a decided advantage in some cases, it is of distinct detriment in cases, and they are by no means few, where the vaso-constrictor action is a decided help in the steadying of the circulation. In the cases occasionally encountered wherein digitalis cannot be taken from idiosyncrasy, strophanthus can usually be well borne.

Sparteine is chiefly of importance from its diuretic action, and its use in cases attended by scanty excretion of urine is at times most happy. The same can be said of caffeine, which has the additional advantage of being a good respiratory stimulant. It is a rather curious fact that where sparteine fails as a diuretic caffeine will usually increase the amount of urine and *vice versa*.

Strychnia is a cardiac and vascular tonic of great value, and is also the best general stimulant, one of the best respiratory stimulants and one of the best stomachics that we possess. Its value in the weak heart following influenza is well recognized, but it seems to me that in disease of the aortic valve its action is equally happy.

Nitroglycerine is a remedy of the greatest value in cardiac and vascular disease. Its vaso-dilator action, by which it opens up the arteriolar paths and permits a free passage of blood from heart to capillaries, makes it a drug of much importance and utility, especially in combination with strychnia in the treatment of either form of disease of the aortic orifice. Its vaso-dilator action is especially manifested in such conditions as angina pectoris, where the quickest way of affording relief is by expanding the arterial tree and so allowing the distended ventricle to empty itself with freedom. The results of treatment of aortic disease with increased arterial tension by iodide of potassium in doses of five grains three times daily, with a pill of sulphate of strychnia, gr. 1-40, and nitroglycerine, gr. 1-100, every four hours, are most gratifying, while if massage can be added the effects of the course of treatment are sometimes astonishing. In using nitroglycerine it is important to remember that its action is quite transitory, and that failure in obtaining benefit from it is sometimes due to the infrequency of its administration.

I have said nothing in regard to ammonia and alcohol, because, while they are both of marked value as temporary stimulants of cardiac action, they are of but relatively little value save in combatting sudden cardiac failure and in tiding over a period of marked temporary cardiac enfeeblement. I have also neglected to mention many of the cardiac tonics, such as convallaria, cactus and a variety of others, because I have never been able to see that they possessed decided advantages over those that I have mentioned, and their consideration would have unduly lengthened this already long paper.

Of one other remedy I would speak—of venesection. In some distressing cases of mitral disease the patient presents the following picture: Sitting up in bed or in a chair, leaning forward, the patient gasps for breath, moving the head uneasily about in his effort to get more air, the face having a bloated appearance, the lips of a livid, mottled or rather purplish color, the superficial veins distended, the pulse at the wrist feeble and irregular or imperceptible, the heart-sounds confused and irregular. In such a case as this the letting of blood from the arm in quantities varying from ten to thirty ounces will at times change the whole picture. I have seen such cases brought to hospital practically moribund and have seen them again twenty-four hours after the bleeding lying quietly in bed with a fairly good color, with quiet, deep respirations and a quite deliberate, steady heart and pulse of good force and volume. The feeble pulse is no contra-

indication to bleeding in such cases, as it is not produced in the same way as is the feeble pulse after hemorrhage. The arterial pulse is poor because the blood is accumulated in the right side of the heart and in the left auricle, distending the veins, overloading the right auricle and ventricle, filling the blood-vessels of the lungs and distending the left auricle. It has been objected to a large mass of clinical proof of the value of venesection in this condition that we cannot empty the heart by bleeding from a vein, as the column of blood could not pass backward through the valves in the veins. But, unless the heart has stopped working, we can by bleeding, and thus diminishing the amount of blood in the venous system, lessen the supply of blood going to the heart and so virtually allow it to the better empty itself, while the removal of blood from the vein allows of the more ready passage of arterial blood through the capillaries. However, the proof of the pudding is in the eating, and had I seen such relief in but one case that case alone would compel scepticism on my part in regard to all of the theoretical arguments against the procedure.

I cannot better close this fragmentary paper than by quoting a sentence from an article by Beverly Robinson in the *American Journal of the Medical Sciences* for December, 1894. With his statement I heartily agree. It is as follows: "In administering drugs we must recognize, however, that we use them for the purpose of relieving symptoms or diminishing the complicating conditions, not to cure chronic valvular disease; once the latter is well established it is there to remain, and our effort should be, not to cure, but to prevent it from becoming really injurious by reason of its possible effects."

---

CESAREAN SECTION AFTER THE MOTHER'S DEATH.—In the American Journal of the Medical Sciences Dohrn thinks that Cesarean section should never be performed before the twentieth day of fetal life, and the child should be removed within twenty minutes after the mother's death.

## Society Reports.

### THE CLINICAL SOCIETY OF MARYLAND.

MEETING HELD FEBRUARY 18, 1898.

THE meeting was called to order by the secretary, Dr H. O. Reik, who announced the absence of the president, and, upon motion of Dr. Preston, Dr. N. G. Keirle was elected president *pro tem.*

*Dr. William Osler* gave an "Exhibition of Cases"—*Spontaneous Pneumothorax.* This case is one of unusual interest. In looking back over my experience with pneumothorax I call to mind the condition arising under the following circumstances:

1. Those (apart from surgical cases) due to tuberculosis of the lungs in all stages. It may be the very first symptom. A very slight local lesion close to the pleura may perforate before there is any thickening. In 100 cases of pneumothorax at least ninety-five are due to tuberculosis.

2. There is the group of cases in which the perforation is not from within, but from without, from the pleura into the lung, an incident usually of empyema. Not that pneumothorax always follows such an accident.

3. There are the very rare instances of pneumothorax following perforation of an imfarct in connection with chronic heart disease. I have seen but one instance of the kind.

4. The instances following perforation of septic infarcts.

5. The cases in which in a person in perfect health pneumothorax develops either as the result of a sudden exertion or spontaneously without any especially muscular exertion. This is extremely rare. I have seen but one instance following exertion, and the one occurring spontaneously is here before you.

Five weeks ago yesterday, in the middle of the day, while going downstairs this man felt a sudden pain in his chest. He was short of breath, had a cough, was not able to return to work, and when we saw him on the following Thursday, just one week afterwards, there were well-marked signs of pneumothorax on the right side. We are apt to think of pneu-

mothorax as a condition in which we always get a very tympanitic note. On percussion there was nothing to indicate pneumothorax in this case except at one point. It is well to bear in mind that the note in pneumothorax varies from the thigh flatness to the drum tympany, depending on the degree of pressure. There was slight metallic tinkling on coughing and the coin sign was well marked. There was dislocation of the heart on depression of the liver. He has been a healthy man, not always temperate, but with his vices and virtues about equally divided. He had never had tuberculosis and has no family history of it, and the tubercular test was negative.

Another interesting feature of this case, and which makes it unique in my experience, is that it remains practically pneumothorax; he has neither pyopneumothorax nor hydrothorax. There is practically no exudate on the affected side. He has had no fever, and these are the three interesting features: It developed spontaneously, it remains practically pure and he has had no fever and no symptoms save shortness of breath on exertion. A series of such cases has been collected by Dr. Samuel West of London.

The outlook is, I think, good, as the air is becoming gradually absorbed. He will probably recover without development of any pleurisy. The probability is that this pneumothorax has been caused by the rupture of a small emphysematous bleb in the lung.

*Aneurism of the Abdominal Aorta.*—We have had altogether fifty-eight cases of aneurism of the larger vessels on the medical side since the Johns Hopkins Hospital opened. Forty-eight were thoracic and five abdominal. Two have occurred in the service quite recently. This patient has been under observation a good many months. He was in during the early part of last year and we discussed frequently the diagnosis. It was clear that he had aortic insufficiency and a hypertrophied heart. He had served all the important gods and goddesses—Bacchus, Venus, Mars and Vulcan. He came in complaining not of his heart and not of shortness of breath, but of severe pain in the left side low down, and that has been the chief if not the only complaint. He had pulsation in his epigastric region a little to the left of the middle line and a well-marked thrill and *bruit*.

Even the most violent pulsation, the most intense thrill and the loudest *bruit* alone may deceive you. They are not sufficient to render the diagnosis of aneurism certain. The most suspicious symptom was the persistent pain in the left side, but shortly after he came in we noticed an additional symptom that clinched the diagnosis—that was a well-marked pulsation and *bruit* in the back.

The man who was in the bed next to this patient was twenty-nine years of age, and came here from Washington with a well-marked abdominal aneurism. Every feature and physical sign was present. Dr. Halsted operated and wired the sac. The man did very well for four or five days, there was less pulsation and he expressed himself as feeling very well indeed. At my last visit he said that he was stronger and happier than he had been for some time. A few hours later he died suddenly from a hemorrhage into the left pleura through a small opening. Here is the specimen and the tumor is well shown. It was singularly favorable for development of a clot in the sac. Part of the sac was lined by pretty firm thrombi, as you can see, but unfortunately here at the diaphragm was a small point at which the sac had practically no fibrinous laminae, and through this the perforation occurred and he bled to death rapidly.

*Dr. J. E. Atkinson:* I have listened to the remarks with a great deal of profit and interest, and I would like to recall very briefly the features of a case that I have for a number of years considered a case of pneumothorax and that interested me very much at the time. It is the case of a young medical man of delicate physique, who, while lying in a hammock, tried to lift a child. He felt no discomfort at the time, but the following morning at breakfast was overcome with a feeling of faintness and a pain, and it was with difficulty that he was got

to bed. I found him much alarmed, in fear of impending death and with marked signs of pneumothorax, but with the utter absence of any history that would lead to the development of pneumothorax. I was impressed with the idea that I had a case of diaphragmatic hernia to treat. This young man went on to gradual recovery. He has practiced medicine for ten years since, and I am satisfied now that it was a case of spontanous pneumothorax.

In regard to the abdominal aneurism just shown us, I do not know of any condition of things that perplexes a medical man so much as a case of abdominal pulsation. It is safe to say that in the greatest number of cases where we suspect abdominal aneurism it is not present, but there are cases in which it is extremely difficult to diagnosticate, and I do not know of anything that makes me more ashamed of myself than my vacillation in such cases. At times I have changed my opinion from day to day for what seemed to me months. They may occur in women of hysterical character, and one can easily simulate the trouble.

I recall especially two cases, one that of a young negro man, who was a syphilitic case and in whom I never did know whether he had aneurism or not; the other was the case of a lady approaching the middle period of life, who had a great abdominal pain and presented on examination a distinct pulsation. She went to a seaside resort, improved in her general condition, and now, after several years, she is a pretty healthy woman and there is no reason to suppose she ever did have aortic dilatation. I suppose every man has been perplexed by such cases, and it is safest, as Dr. Osler said, not to make a diagnosis until we are absolutely sure.

*Dr. H. B. Jacobs:* In regard to the case of pneumothorax, an important question in the diagnosis as to its cause, it seems to me, is how far shall we use tuberculin for diagnostic purposes. So far as I know it has not been used in these cases. The question is whether it would be wise to resort to the procedure which the veterinarians use and attempt to determine whether this man has latent tuberculosis. If a reaction occurred after its injection, of course the cause of the pneumothorax would be perfectly clear. He would have had a nodule of latent tuberculosis which had broken through. Is it wise in such cases and is it justifiable to use the tuberculin test to determine the cause?

*Dr. Reuling:* I have had occasion recently to look up the subject of tuberculin as to its value in human tuberculosis. Dr. James Whittaker speaks of his experience in over 1000 cases, and so far he has seen no bad results from its use. Dr. Trudeau also reports a number of cases without any bad results. He uses from two to five milligrammes of a tuberculin that he makes in his own laboratory.

*Dr. Osler:* Dr. ~~McRae~~ McCrae reminds me that the tuberculin test was used in the pneumothorax case, and I think we shall probably try it.

*Dr. Robert W. Johnson* then read a paper entitled "The Arrest of Hemorrhage in Extra-Cranial Operations, by Alternate Holding Up of the Carotids, with Exhibition of a Simple Instrument Therefor."

*Dr. W. T. Watson* exhibited "Specimens of a Papilloma of the Epiglottis."

H. O. Reik, M.D., Secretary.

## CLINICAL LABORATORY SOCIETY.

MEETING HELD MARCH 24, 1898.

The meeting was called to order by Dr. Simon.

*Dr. W. M. Lewis* gave a demonstration of a "Case of Pseudo-leukemia, with an Account of the Blood Changes." A full report of this case will appear later in this Journal.

*Dr. Edward Owings* reported on the "Histological Study of Gonorrheal Pus, with Special Reference to the Presence of Eosinophilic Leucocytes."

Neusser in 1892 first demonstrated the presence of eosinophilic leucocytes in gonorrheal pus, and attributed their presence to involvement of the prostate or glands of Littré. Other writers since have agreed with his observations, except Posner and Zeleneff.

In twenty-six cases reported by Dr.

Owings, eosinophiles were present in seventeen, or 65 per cent. In six cases in which they were numerous, four were from the anterior urethra and two from the prostate. In nine cases where they were absent, five were from the anterior urethra, one from the posterior urethra and three from the prostate. In these nine, gonococci were present in large numbers, and there was evidence of cell-destruction, the leucocytes being disintegrated, the nuclei staining badly and nuclear detritus being present.

In these cases examination of the blood showed an increase in the eosinophiles. In no case were the eosinophiles in the pus in greater numbers than the corresponding percentage in the blood. His conclusions were:

1. That eosinophiles are absent where there is great inflammation with destruction of the leucocytes, since the eosinophiles, by their evident loose structure, would be the first to suffer.

2. That the prostate has no office in the production of eosinophiles.

3. That the presence of eosinophiles in considerable numbers would seem to indicate a subacute or diminishing inflammation, or one due possibly to an attenuated organism.

Dr. Owings stated the possibility of some alteration in the hypothesis as the result of future investigation.

*Dr. C. Urban Smith* exhibited specimens of the "Pseudo-Diphtheritic Bacillus from a Case of Atrophic Rhinitis." The organism had been cultivated on blood serum, and inoculation of Guinea pigs had given negative results. Dr. Smith stated that in preparations stained with Löffler's solution and examined with one-twelfth oil immersion lens, it is practically impossible to distinguish between the true and pseudo-diphtheritic bacillus. C. Fränkel's claim, that the distinction may be made by staining with a modified Ernst stain of acetic methylene blue and Bismarck brown, does not prove reliable. It is generally accepted by bacteriologists that there is no reliable stain or method of distinction except inoculation.

Sprout's conclusions were: Naked eye and microscopic examination of colonies developed on serum does not enable us to diagnose diphtheria with absolute certainty. Inoculation of animals is indispensable in all except very serious cases. When a subcutaneous injection of 2 c. c. of fresh broth does not kill a Guinea pig of 300 grammes, but merely gives rise to more or less edema, the bacillus is, in the great majority of cases, pseudo-diphtheritic, having nothing to do with true diphtheria.

*Dr. G. W. Johnston* of Washington spoke of the bearing of this on the severe quarantine in the District of Columbia maintained by the Board of Health after each case of diphtheria.

*Dr. E. M. Schaeffer* demonstrated a specimen from a case of "Trichinosis" in human muscle tissue.

*Dr. Latané* made "A Report of Sixty Blood-Examinations for the Presence of Neusser's Granules." The granules were found in every blood examined, with one exception. They occurred in 66 per cent. of all leucocytes, with an average of three or four granules in each cell. They were distributed as follows: In the small mono-nuclear leucocytes, the granules were small, but fairly numerous as compared with the other leucocytes, and were often distributed in a zone-like manner about the periphery of the nucleus. They were present in 85 per cent. of these cells, the average number being three. Of the large mono-nuclear cells, only 42 per cent. contained granules, and rarely were more than five found in a single cell. In the polymorpho-nuclear and transititional varieties they were most plentiful, being present in 90 per cent. of the cells, with six granules to each on the average. Finally, in the eosinophiles the granules occurred in 45 per cent. of the cells, and were few in number—one or two on the average.

It is a very significant fact that the only case in which they were entirely absent was one of profound anemia—indeed, in which a probable diagnosis of pernicious anemia had been made. In another case of very profound anemia, secondary to an epithelioma, the granules were also very scant—in only 16 per cent. of the cells.

*Dr. Johnston* stated that in a large num-

ber of cases examined by him the granules had been regularly present except in cases of malignant disease. That in ten out of eleven cases of various forms of malignant growths they had been absent.

The meeting then adjourned.

After the meeting Dr. Simon invited the members to a smoker.

S. P. Latané, Secretary.

## Correspondence.

### UNIVERSITY OF MARYLAND.

*Editor of the Maryland Medical Journal:*

Dear Sir—You are doubtless aware that an effort is being made to secure a permanent endowment fund for the School of Medicine of the University of Maryland. Regarding the urgent need of such a fund it is superfluous to argue, but we would only recall attention to the great increase of late years in the cost of maintenance and equipment and the heavy burden assumed in providing a new and modern hospital. We trust that all true friends of the university, whether alumni or not, will feel it incumbent on them to evince their interest in the institution and their attachment to it by contributing to the fund, either by single donations or annual subscriptions. A certain amount has already been collected, and therefore we may congratulate ourselves that the work has actually been begun. The annual meeting of the Alumni Association, now near at hand (April 19), seems to offer a favorable opportunity to issue this notice, and we are further actuated in doing so by our desire to report as large a list of subscriptions as possible on that occasion. If any of your readers are disposed to contribute therefor we would ask them to inform us at once. We will leave the time and mode of payment to their convenience. Checks should be made payable to General Lawrason Riggs, treasurer.

Very truly yours,

Eugene F. Cordell, M.D.,
Chairman of the
Committee on Endowment.

2032 Maryland avenue,
Baltimore, March 30, 1898.

### AMERICAN MEDICAL ASSOCIATION.

Baltimore, March 30, 1898.

*Editor of the Maryland Medical Journal:*

Dear Sir—In order that we may make up a party from Baltimore and thus secure special arrangements with the railroads I am endeavoring to ascertain how many persons are contemplating a visit to Denver this coming June to attend the meeting of the American Medical Association. As you know, the railroads have been asked to give us a special rate for the excursion, and at the present writing we have every reason to believe that a rate of "one fare for the round trip" will be allowed.

As soon as I get some idea of the number going I shall be able to arrange for a special car or cars from Baltimore, and, if you desire, I shall be very glad to furnish you as soon thereafter as possible an itinerary and any information you wish.

I may say now that the special rate will be extended also to your wife or other members of your family.

Within a short distance of Denver are numerous points of interest, such as Pike's Peak, Colorado Springs, the Georgetown Loop, Manitou and the Garden of the Gods, all of which may be taken in at very little additional expense, and it has been proposed that on the return trip we may visit the Omaha Exposition.

Altogether this annual meeting offers an excellent opportunity for every physician to spend a very pleasant and profitable vacation, and I hope that we shall have a large delegation from this city. If you are considering this trip I shall be glad to hear from you at your earliest convenience. Very respectfully,

H. O. Reik, M. D.

No. 5 W. Preston street.

---

Suppurative Otitis Media.—In the Journal of the American Medical Association Dr. Hiram Woods of Baltimore reports three cases of suppurative otitis media, with severe systemic and remote disturbances, followed by recovery after mastoid operation and removal of polypi.

MARYLAND

# Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished at cost of production if the author's wish is so stated.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
Fidelity Building, Charles and Lexington Streets,
BALTIMORE, MD.

WASHINGTON OFFICE:
Washington Loan and Trust Company Building.

BALTIMORE, APRIL 9, 1898.

**The State Society.**

AT the end of this month the Medical and Chirurgical Faculty of Maryland, which is the State Society, will hold its one hundredth annual session and will have completed ninety-nine years of its existence. While it has accomplished a wonderful amount of work in this time and has figured most prominently, as it should, in the medical history of the State and of this country, still the great lack of this society is the want of interest taken in it by the county members, the general but mistaken idea being that it is a society of Baltimore physicians only. At its foundation, now nearly 100 years ago, the county members played a most important part, but of late they have held themselves aloof.

There are, perhaps, about 1000 physicians in Baltimore and about 1000 physicians in Maryland outside of Baltimore, and of the Baltimore physicians perhaps about 700 are eligible, and yet only about 425 belong to the Faculty. In the State at large about 800 are eligible and hardly 175 are members.

A physician recently wished to appoint some examiners throughout this State for a life insurance company, and in many places he could find no Faculty members from whom to choose his appointees. Membership in such a representative body gives a standing at once to a physician and makes him known when otherwise he is often unknown. At the centennial meeting next year the endeavor will be made to have every regular physician in the State enrolled in the membership of this society. The Faculty is the bond which unites all physicians of the State in ties of good fellowship just as the national association, the American Medical Association, unites all physicians of this broad land.

The Faculty has shown its power just recently. A physician, a member of the General Assembly of Maryland, introduced a bill the object of which was to change the law regulating the practice of medicine in Maryland. The Faculty opposed the bill and members of the Faculty worked against it. The bill was lost and the cause of higher education was helped.

Every movement which is for the good of the profession of the State is supported by the State organization, and it is the duty of all physicians who directly or indirectly profit by any favorable legislation to join the society which helps them. The membership committee has sent out hundreds of circulars and with blanks for application, and physicians are earnestly requested to give this circular more than a passing notice and pay the small fee and join the Faculty.

* * *

**Heart Diseases.**

THE treatment of heart disease, like that of many other diseases, has undergone many modifications since auscultation and percussion became so prominent. Formerly the general appearance, the pulse, the respiration and the general condition of the person were all taken into consideration, and from a study of these the diagnosis was made and the treatment instituted. Then when auscultation and percussion began to be used and heart murmurs were discovered, the study of heart disease was confined entirely to the heart itself, and in the minds of some an ape systolic murmur, for example, meant mitral regurgitation, and treatment followed as easy consequence.

Diseases of the heart should be studied by a combination of all our diagnostic means and the treatment should be according to the general principles laid down by Dr. Packard, whose excellent article is concluded in this number. When diseases of the heart are treated in a broad and intelligent manner good results almost invariably follow.

## Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending April 2, 1898:

| Diseases. | Cases Reported. | Deaths. |
|---|---|---|
| Smallpox | .. | .. |
| Pneumonia | .. | .. |
| Phthisis Pulmonalis | .. | 27 |
| Measles | 53 | 1 |
| Whooping Cough | 22 | .. |
| Pseudo-Membranous Croup and Diphtheria | 26 | 8 |
| Mumps | .. | .. |
| Scarlet Fever | 13 | 2 |
| Varioloid | .. | .. |
| Varicella | 15 | . |
| Typhoid Fever | 1 | 1 |

Dr. Hugh Hagan, formerly of Richmond, died at Atlanta.

Mrs. J. H. Grimes, deceased wife of Dr. J. H. Grimes of Baltimore, has left the Nursery and Child's Hospital $2000.

Dr. W. Preston Miller, professor of pathology at the Baltimore Medical College, has gone to Hagerstown to practice.

In the death of Dr. Rudolf Leuckart, professor of zoölogy at Leipzic, Germany has lost an authority on animal parasites.

Dr. George A. Taylor, formerly of Baltimore, but now an eye and ear specialist in New York, has removed to 46 West Thirty-sixth street in that city.

The courts of Cumberland have settled the dispute between Dr. Brace and Dr. Spear of that city by deciding that the former shall be county physician.

At the commencement of the Baltimore University School of Medicine, held last Thursday night, fifty-four received the degree of doctor of medicine. This is one of the largest classes of this season.

At the suggestion of Professor Brouardel of Paris the Academy of Science of that city has appointed a special commission to study questions relating to the effects of tuberculosis and the propagation of that disease.

The Maryland Ophthalmological and Otological Society was organized March 29 and will meet the second Thursday of each month. Dr. Russell Murdoch was elected president, but declined. Dr. H. O. Reik is secretary.

The friends of higher medical education will be glad to know that the medical-practice act proposed by Dr. Scudder at the Maryland General Assembly failed to become a law.

Dr. John M. T. Finney, associate professor of surgery at the Johns Hopkins University, has succeeded Dr. R. W. Johnson as Commissioned Chief Surgeon of the First National Maryland Guards, with the rank of colonel.

Dr. Lloyd H. Smith died at Easton, Md., last Saturday after a brief illness. He was forty-five years old and a graduate of the medical department of Western Reserve University at Cleveland in 1876. He was unmarried.

An organization for the promotion of physical education has been formed by some of the leaders of this specialty in Baltimore. Dr. Edward M. Schaeffer was elected president, and Dr. W. A. Jackson is among the members.

Dr. James R. Jordan, a prominent resident of Montgomery, Ala., is dead. Dr. Jordan was born at Lexington, Va., and was a graduate of Washington and Lee University and of the University of Maryland. He was thirty-five years old.

Dr. George Losekam, a graduate of the Baltimore Medical College in 1897, has succeeded Dr. Moritz Rosenthal as resident physician at the Hebrew Hospital. Dr. Rosenthal was appointed by Dr. Ruhräh as Assistant Quarantine Physician.

The first volume of Dr. Kelly's large work on "Operative Gynecology" has appeared and it is a remarkable production, containing many fine plates and hundreds of illustrations, all original and especially made by skilled artists for this work. The Appletons are the publishers.

The preliminary programme of the Section on Disease of Children of the American Medical Association has been issued, and it contains so far fifty-nine papers, with more promised. Dr. A. K. Bond of Baltimore and Dr. S. S. Adams of Washington are among the many names.

Dr. W. Bland Bird, a young physician of Baltimore, died last Monday after an illness of several months. Dr. Bird was born in Virginia in 1873. He studied at the University of Maryland, where he received his degree in 1892, and after serving as resident physician at the Presbyterian Eye, Ear and Throat Charity Hospital he began private practice.

## Washington Notes.

At the society meeting Wednesday evening Dr. W. W. Godding read an interesting paper upon "Suicide," and Dr. Dufour reported cases and specimens of "Ruptured Eyeball and Myxofibroma of the Middle Ear."

Freedman's Hospital has been quarantined on account of smallpox. The case developing in Ward No. 1 has been removed to the pest-house, but for the safety of the public the whole hospital will be kept in quarantine for at least sixteen days.

The regular annual meeting of the Medical Association of the District of Columbia will be held Tuesday evening. Much interest is manifest over the election of president, and what is usually considered the medical ring will likely be retired for at least one year.

The most offensive and dangerous condition of affairs is the deposition of sewage over the Anacostia flats. The material carried over the flats at high tide is left at low tide exposed to the full effects of the sun and wind to endanger the health of the people generally. It is the statement of doctors that in the fall of 1895 there was not a house in Anacostia that did not have one or more cases of malarial fever.

In reporting upon the Home for Incurables Drs. Hurd and Chapin state that the institution is badly located and badly arranged for active work. They believe that the governing motive in the admission of many patients is a feeling of sympathy for the friends who might otherwise be charged with their care, that there is no fixed principle governing the admission of patients, and that the limit of this sort of charity is boundless.

## Book Reviews.

Ambroise Paré and His Times. 1510–1590. By Stephen Paget. Illustrated. New York and London: G. P. Putnam's Sons, 1897. Pp. xii–309.

The history of physicians and surgeons at this early time is filled with great interest and is instructive, and also encouraging to think that men at such an early time and with so few opportunities should have accomplished such great results. Paré, whose name is known to us in many ways, but especially for his ligation of arteries in an amputation, shows us what struggles he had in his early days and how he was appreciated by kings and royal personages and what an enormous experience he must have gained in the various wars. His reverential way of adding that he cured the case and God healed it, meaning that he took care of the case and the healing was beyond human power, might be imitated at the present day. This work, published in the usual excellent style of the Putnams, contains many illustrations of interest and is a most attractive work for recreation. It shows that Paré, like many other great men, had his vices as well as his virtues, but for many of us time softens all things and this man's great virtues stand out prominently as an ornament to his profession.

A Practical Treatise on Sexual Disorders of the Male and Female. By Robert W. Taylor, M.D., Clinical Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. In one handsome octavo volume of 448 pages, with seventy-three illustrations and eight plates in color and monochrome. Cloth, $3.00 net. New York and Philadelphia: Lea Brothers & Co.

In this work Dr. Taylor describes and gives the treatment of some of the most difficult conditions which it is the physician's misfortune to meet. The functional sexual disorders amount almost to a hallucination in some persons, and let a young man once conceive the idea that he has a sexual disorder, he goes the rounds of physician after physician until he drifts into the hands of the quack and is robbed of money and hope. The book contains advice couched in the most sensible and moderate terms, and the author is not an extremist that courts incredulity, but speaks the truth on all subjects. The book is a valuable one and is written in a style which makes it very entertaining.

Textbook of Diseases of Women. By Chas. B. Penrose, M.D., Ph.D., Professor of Gynecology in the University of Pennsylvania, Surgeon to Gynecean Hospital, Philadelphia. Illustrated. Cloth, $3.50. Philadelphia: W. B. Saunders. 1897.

While this work is written primarily for students, it will prove of great assistance to physicians who are not specialists in this line, for the descriptions are all clear and the illustrations are in place. The language is clear, concise and well chosen and the book is evidently written by one who is well acquainted with his subject. Amid the many works on this subject this one will easily find a place.

INFANT'S WEIGHT CHART. Designed by J. P. Crozer Griffith, M.D., Clinical Professor of the Diseases of Children in the University of Pennsylvania. Philadelphia: W. B. Saunders. Price 50 cents for pad of 25 charts.

This is a very convenient chart, allowing the weight for week and month up to five years and in fractions of one-quarter of a pound. In the second year only the months are noted.

## REPRINTS, ETC., RECEIVED.

Transactions of the American Ophthalmological Society, 1897.

Twenty-ninth Annual Report of St. Mary's Industrial School of Baltimore for 1897.

Review and Clinical Notes on Nosophen, Antinosine and Eudoxine. Stallman & Fulton, New York.

The Exact Treatment of Malarial Fevers. By Charles D. Slagle, M. D. Reprint from the *Therapeutic Gazette.*

Abdominal Incision for Ascites. By B. Merrill Ricketts, Ph.B., M. D. Reprint from the *Cincinnati Lancet-Clinic.*

The Ocular Expressions of Gout. By Charles A. Oliver, A. M., M. D. Reprint from the *University Medical Magazine.*

Alcoholism in Women; Its Cause, Consequence and Cure. By Agnes Sparks, M. D. Reprint from the *Medico-Legal Journal.*

The Microscopical Examination of Milk. By William Royal Stokes, M. D., and Arthur Wegefarth, M. D. Reprint from the *Medical News.*

A Case of Leucemia. By J. H. Musser, M. D., and Joseph Sailer, M. D. Reprint from the *Transactions of the Association of American Physicians.*

An Improved Method for the Removal of Intraligamentous Cysts. By Thomas H. Hawkins, A. M., M. D. Reprint from the *Denver Medical Times.*

The Clinical Value and Chemical Results of Using Professor Gaertner's Mother Milk in Children. By Louis Fischer, M. D., and Herman Poole, F. C. S. Reprint from the *Medical Record.*

Pregnancy and Rudimentary "Uterine Horn," Rupture, Death, Probable Migration of Ovum and Spermatozoa. By Thomas S. Cullen, M. B. (Tor.), and G. L. Wilkins, M. D. Reprint from the *Johns Hopkins Hospital Reports.*

## Current Editorial Comment.

### IDEAS CHANGE.

*British Medical Journal.*

IT is interesting to note the striking parallel in the evolution of the ideas of pathologists as to the causes and nature of rheumatism and siriasis. Originally attributed to meteorological causes, in the one case to rheum or cold, in the other to heat, they were next attributed to autotoxis, in the one case to lactic acid, in the other to retained heat, and now they are both being referred to germs.

### WOMEN DOCTORS.

*Medical Record.*

THIS country is undoubtedly the happy hunting-ground of the woman doctor. The increase in her numbers has within the last twenty years been phenomenal. It is estimated that there are now about 4500 woman practitioners in America as against 527 in 1870. The majority of these are, of course, general practitioners, but there are as well homeopathists, hospital physicians and surgeons, professors in schools, specialists for diseases of women, alienists, orthopedists, oculists, aurists and electro-therapeutists. Doubtless like their brothers they suffer from the stress of keen competition, but it is stated that most of them succeed in making good headway, while one or two of the leading lights are credited with amassing the eminently satisfactory income of $25,000.

### CHEATING THE DOCTOR.

*Cleveland Medical Gazette.*

BY far the greatest part of the doctor's unpaid accounts are against the habitual delinquents or 'dead beats." These may be poor, and if so they are the poorest kind of "devil's poor," but in many instances they are as well able to pay the doctor as are any of their neighbors who do pay. Oftentimes they are better able to pay a bill than the doctor is to lose it, and they frequently indulge in more luxuries in their style of living than the hardworking physician whom they defraud. The genus is too well known to need further description. There are several species equally familiar and equally aggravating which we shall not pause to denounce. Their names are upon the books of nearly every practicing physician in the land, or perhaps in the world, and it is no credit to the profession that this is true.

## Medical Meetings.

| APRIL | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | .. | .. | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| .. | .. | .. | .. | .. | .. | .. |

| MAY | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | .. | .. | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

| JUNE | | | | | | |
|---|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| .. | .. | .. | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | .. | .. |
| .. | .. | .. | .. | .. | .. | .. |

The Co-operation of Secretaries of Medical Societies is requested in keeping this Calendar corrected to date.

### National Associations.

#### April.

TRI-STATE MEDICAL SOCIETY. Dubuque, Iowa, April 5 and 6, 1898. EMERY LAMPHEAR, M. D., President, St. Louis, Mo. J. W. FOWLER, M. D., Secretary, Dubuque, Iowa.

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL, LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION. Annual meeting at Chicago, Ill., April 7 and 8, 1898. B. F. FRYER, M. D., President, Kansas City, Mo. F. M. RUMBOLD, M. D., Secretary, St. Louis, Mo.

#### May.

ASSOCIATION OF AMERICAN PHYSICIANS. Annual meeting at Washington, D. C., May 3, 4 and 5, 1898. F. C. SHATTUCK, M. D., President, 135 Marlborough St., Boston, Mass. HENRY HUN, M. D., Secretary, 149 Washington Ave., Albany, N. Y.

AMERICAN NEUROLOGICAL ASSOCIATION. Annual meeting at Washington, D. C., May 4, 5 and 6, 1898. M. ALLEN STARR, M. D., President, 22 W. 48th St., New York City. GRAEME M. HAMMOND, M. D., Secretary, 58 W. 45th St., New York City.

AMERICAN GYNECOLOGICAL SOCIETY. Boston, May 24, 1898. PAUL F. MUNDI, M. D., President, New York. J. RIDDLE GOFFE, M. D., Secretary, New York City.

AMERICAN LARYNGOLOGICAL ASSOCIATION. Brooklyn, N. Y., May 16, 17 and 18, 1898. THOS. R. FRENCH M. D., President, Brooklyn, N. Y. H. L. SWAIN, M. D., Secretary, New Haven, Conn.

AMERICAN ORTHOPEDIC ASSOCIATION. Boston, Mass., May 17, 18 and 19, 1898. ROBERT W. LOVETT, M. D., President, Boston, Mass. JOHN RIDLON, M. D., Secretary, Chicago, Ill.

AMERICAN PEDRIATIC SOCIETY. Cincinnati, O., 4th week in May, 1898. L. EMMETT HOLT, M. D., President, New York City. SAMUEL S. ADAMS, M. D., Secretary, Washington, D. C.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY. Pittsburg, Pa., May 11 and 12, 1898. WILLIAM H. DALY, M. D., President, Pittsburg, Pa. ROBT. C. MYLES, M. D., Secretary, New York City.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS. Toronto, Canada, May, 1898. GEO. ROSS, M. D., President, Richmond, Va. LOUIS J. MITCHELL, M. D., Secretary, Chicago, Ill.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION. St. Louis, May 10, 1898. R. M. BUCKE, M. D., President, London, Ontario. C. B. BURR, M. D., Secretary, Flint, Mich.

AMERICAN DERMATOLOGICAL ASSOCIATION. Annual meeting near New York City, May 31, June 1 and 2, 1898. J. NEVINS HYDE, M. D., President, Chicago, Ill. JOHN T. BOWEN, M. D., Secretary, 14 Marlborough St., Boston, Mass.

#### June.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS. Annual meeting at West Point, N. Y., June, 1898. J. WILLIAM WHITE, M. D., President, Philadelphia, Pa. W. K. OTIS, M. D., Secretary, 5 W. 50th St., New York City.

THE ASSOCIATON OF MILITARY SURGEONS OF THE UNITED STATES. Annual meeting at Kansas City, Mo., June 1, 2 and 3, 1898. J. D. GRIFFITH, M. D., President, Ninth and Grand Ave., Kansas City, Mo. JAMES E. PILCHER, M. D., Secretary, Fort Crook, Neb.

AMERICAN ACADEMY OF MEDICINE. Annual meeting at Denver Col., June 4, 6, 1898. L. DUNCAN BULKLEY, M. D., President, New York City. CHARLES MCINTIRE, M.D., Secretary, Easton, Pa.

AMERICAN MEDICAL PUBLISHERS' ASSOCIATION. Annual meeting at Denver, Col., June 6, 1898. WM. WARREN POTTER, M. D., President, Buffalo, N. Y. CHAS. WOOD FASSETT, Secretary, St. Joseph, Mo.

AMERICAN MEDICAL ASSOCIATION. Annual meeting at Denver, Col., June 7, 1898. GEORGE M. STERNBERG, M. D., President, Washington, D. C. W. B. ATKINSON, M. D., Secretary, 1400 Pine St., Philadelphia, Pa.

#### July.

AMERICAN OTOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 19, 1898. ARTHUR MATTHEWSON, M. D., President, 139 Montague St., Brooklyn, N. Y. J. J. B. VERMYNE, M. D., Secretary, 2 Orchard St., New Bedford, Mass.

AMERICAN OPHTHALMOLOGICAL SOCIETY. Annual meeting at New London, Conn., July 20, 1898. GEO. C. HARLAN, M. D., President, Philadelphia, Pa. S. B. ST. JOHN, M. D. Secretary, 26 Pratt St., Hartford, Conn.

### State Societies.

#### April.

FLORIDA MEDICAL ASSOCIATION. Annual Meeting at Miami, April, 1898. R. B. BURROUGHS, M. D., President, Jacksonville, Fla. J. D. FERNANDEZ, M. D., Secretary, Jacksonville, Fla.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Annual meeting at Birmingham, April 19, 1898. LUTHER L. HILL, M. D., President, Montgomery, Ala. JAMES R. JORDAN, M. D., Secretary, Montgomery, Ala.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Meets 4th Tuesday of April, at 847 N. Eutaw St. CHARLES M. ELLIS, M. D., of Elkton, President. W. GUY TOWNSEND, M. D., of Baltimore, Corresponding Secretary.

THE MEDICAL ASSOCIATION OF GEORGIA. Cumberland Island, April 20, 1898. J. B. MORGAN, M. D., President, Augusta, Ga. R. H. TAYLOR, M. D., Secretary, Griffin, Ga.

MISSISSIPPI STATE MEDICAL ASSOCIATION. Annual meeting at Jackson, April 20, 1898. W. M. PAINE, M. D., President, Aberdeen, Miss. J. R. TACKETT, M. D., Secretary, Biloxi, Miss.

#### May.

THE MEDICAL SOCIETY OF WEST VIRGINIA. Martinsburg, May, 1898. C. F. ULRICH, M. D., President, Wheeling, W. Va. G. A. ASCHMAN, M. D., Secretary, Wheeling, W. Va.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. Annual meeting at Charlotte, May, 1898. FRANCIS DUFFY, M. D., President, Newbern, N. C. H. D. JEWETT, M. D., Secretary, Wilmington, N. C.

(Continued on page xvi.)

LIBRARY OF THE MEDICAL & CHIRURGICAL FACULTY OF MARYLAND